



Public Mental Health in South Carolina



John H. Magill

State Director of Mental Health

Purpose:

This PowerPoint presentation is designed to serve as an overview of DMH; Agency staff may tailor it as needed to specific centers, facilities, regions, or audiences. It highlights DMH's history, mission, accomplishments, Blue Ribbon programs, and projects/programs/initiatives that many outside of our agency may not be aware of.

This document is a work in progress and will be updated periodically.

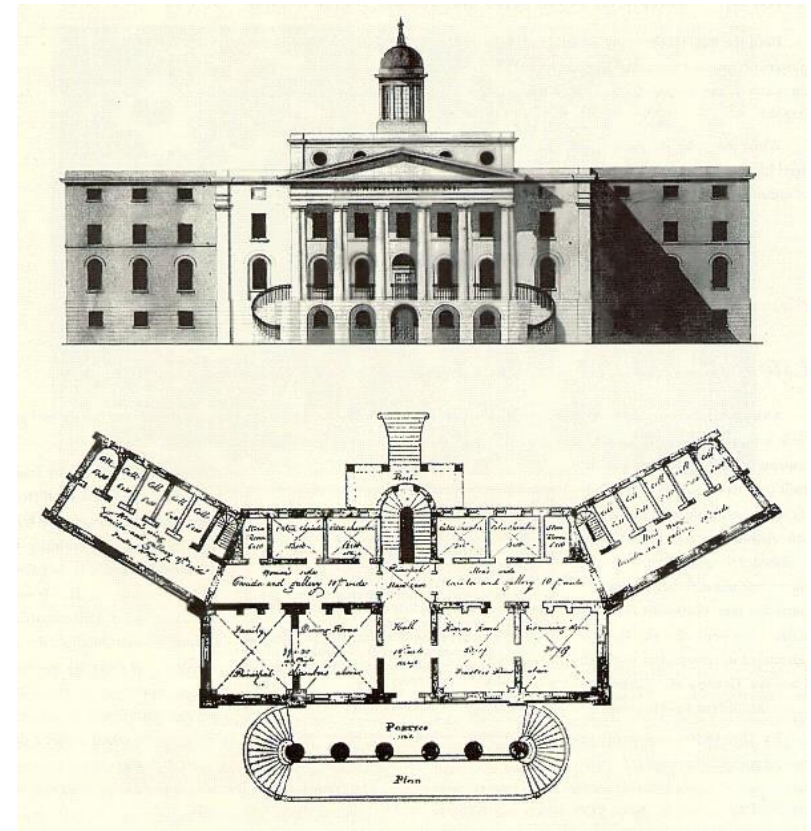
If you have questions or comments, contact Tracy LaPointe in the DMH Office of Public Affairs at (803) 898-8582 or tracy.lapointe@scdmh.org.

DMH: Beginnings

- In the 18th century, what to “do” with a mentally ill person depended upon the individual’s status, domestic situation, location, and medical condition.
- Insanity was viewed as a private matter and family responsibility, and it was expected that family would render care or pay someone else to do it.
- It was not uncommon for the mentally ill to live in workhouses or debtors’ prisons.

Beginnings

- Colonel Samuel Farrow, a member of the House of Representatives, and Major William Crafts, a member of the Senate, worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill. On December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the SC *Lunatic Asylum*.
- This legislation made South Carolina the third state in the nation (after Virginia and Maryland) to provide *state funding* for the care and treatment of people with mental illnesses.
- Renowned architect Robert Mills was enlisted to design the new SC Lunatic Asylum, the cornerstone for which was laid in 1822. It featured such innovations as central heating and fireproof ceilings.



The South Carolina Lunatic Asylum

First patient admitted – Lunatic Asylum – Columbia, SC – Dec. 12, 1828

Removed – February 7, 1829 – uncured

Dec. 12th 1828. Eliza Fanning at 20 of Barnwell Dist. SC was brought by her parents and admitted into the Lunatic Asylum.

History of the case. She has enjoyed good health during life with the exception of some irregularity in her catamenial discharges: which for the last two months have not appeared at all. This irregularity, however, has never appeared to create any constitutional disturbance. She is of a fair complexion and yellow hair (a large suit of it) and inclined to pleasantness of form with a healthy appearance. For a year last past she has been religiously disposed. For several weeks last past she has attended religious meetings especially an association – and during the same time was watching an aunt who was ill every night, and thereby lost her sleep.

On Dec. 1st she first betrayed symptoms of insomnia. Her theme was of a religious character, interspersed with profane expressions. She alternately sung sacred tunes, prayed, muttered incoherent nonsense, and lay silent.

Beginnings

- South Carolina's asylum was one of the first in the nation built expressly for the mentally ill.
- South Carolina's mental health system was the third in the U.S., as well as the third *funded by a state government*.
- By the 1850s, a large number of people were being admitted, and land was needed for new buildings and patient recreation and gardens. Some asylum leaders believed the institution should be moved to the country. Largely because the Legislature was unwilling to fund a new complex, it remained at the original location. Land was purchased next to the complex, and more buildings were erected. This is the campus we know today as the "SC State Hospital," or "Bull Street," as it is known throughout the Southeast.
- The asylum did not reach its full capacity of 192 until 1860 – more than 30 years after opening its doors. Many families preferred to care for mentally ill relatives at home, while others wanted them closer to home even if it meant they lived in the county jail or the work house.

Beginnings: A city within a city...



With walls closing patients off from the noisy and harried growing city, the campus was almost its own *city*, housing at one time or another a dairy, ice cream factory, mattress factory, bakery, lock shop, welding shop, and greenhouses. Doctors and nurses lived in homes on the campus, and many citizens today recall growing up in the pastoral setting of the grounds.

Beginnings: Progress

In 1892, a nursing school was founded, which remained open until 1950;

In 1896, the SC Asylum was renamed the *SC State Hospital for the Insane*;

The cost for each patient in 1877 was \$202 per year (55¢ per day);

By 1900, the State Hospital had 1,040 patients;

A legislative study of the Asylum in 1909 found many problems, ranging from poor sanitation and dilapidated buildings to unclean quarters and lack of room for patients. Many of the problems the State Hospital faced were common to facilities nationwide.

By 1910, after a legislative committee reported the asylum was too small, land was purchased north of Columbia, and plans were submitted for a new complex, which became known as "State Park." When it opened in 1913, it was for black patients only. This hospital, named *Palmetto State Hospital* in 1963, was renamed the *Crafts-Farrow State Hospital* in 1965. Today, this campus is home to many parts of DMH's central operations.

Development

Following the legislative study and opening of State Park, Dr. Fred Williams, who served as SC State Hospital superintendent from 1915 to 1945, realized that South Carolina's mental health system needed community mental health clinics. As such, he encouraged a program to educate the public about mental illness, its causes, and methods of prevention.

The first clinic to provide services for the mentally ill who did not need hospitalization was opened at the SC State Hospital in 1920. The first permanent outpatient clinic opened in Columbia in 1923. The success of this clinic inspired the opening of traveling clinics in Greenville and Spartanburg in 1924.

By 1927, clinics were established in Florence, Orangeburg, and Anderson. In 1928, a clinic opened in Charleston, with plans for one in Rock Hill.

Reopening of the clinics, which had closed as staff served in WWII, was delayed until late 1947 due to a lack of adequately trained personnel. As clinics continued to grow throughout the state, the need for state and federal funding increased. Help came in 1946 with the passage of Federal Public Law 487.

The Mental Health Act



The first outpatient clinic in Columbia, S.C.

- The Mental Health Act provided for a Mental Health Commission to be in charge of all mental health facilities. Communities were required to contribute one third of the cost of clinic or center operation and the state would furnish the remaining two thirds. The Mental Health Commission is still in place to this day and meets monthly.
- By 1957, clinics were in operation in six counties.
- Major functions of these clinics included: cooperation and consultation with other agencies and professional people in the community; evaluation and treatment of emotional disturbances in adults and children; public education; and training psychiatric and pediatric resident doctors from the Medical College Hospital.
- In addition to self-referrals, patients were referred to the centers by physicians, ministers, lawyers, Vocational Rehabilitation, juvenile and domestic relations courts, and the Department of Public Welfare.
- The 1960s ushered in the beginnings of the community mental health movement. The introduction of Medicaid and other improvements in the social welfare system underwrote the treatment of patients in their own communities, and the 1963 Federal Community Mental Health Centers Act provided matching federal funds for construction of community mental health centers.

Progress

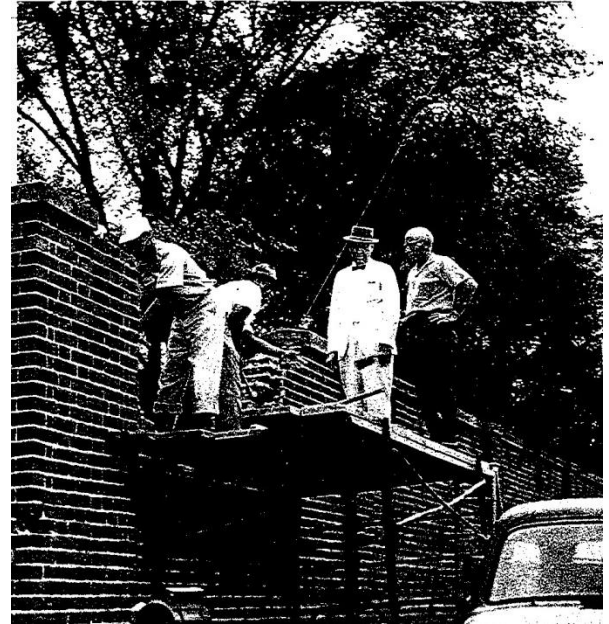
In 1967, the Columbia Area Mental Health Center became the first comprehensive community mental health center in the Southeast. In that same year, Dr. William S. Hall, the first “South Carolina State Commissioner of Mental Health,” participated in a ceremony in which part of the wall surrounding the State Hospital came down.

During Dr. Hall's 21 year tenure, DMH made strides in community-based care. A comprehensive, statewide mental health care delivery system emerged, and grew to encompass 10 major inpatient facilities and 17 community mental health centers, providing services in all of the state's 46 counties, with more than 6,000 employees.

During the 1970s, South Carolina experienced a number of firsts, including the establishment of a transitional living project to help patients return to the community after long hospital stays, a facility for psychiatric patients who needed long-term care, a program for autistic children, an alcohol and drug addiction treatment center, and a patient advocacy system to protect the rights of those DMH served.

In 1983, DMH adopted a plan calling for the development of community-based services, the decentralization of hospital services, and a significant decrease in the population of its psychiatric facilities in Columbia. This is what we often hear referred to as “deinstitutionalization.”

Joseph J. Bevilacqua, Ph.D., who became state commissioner of Mental Health in 1985, led with the view that patients treated in the community progress better clinically; people with mental illnesses need and require close family and community support. Patients recover faster and stay well longer when receiving services in their communities, if such programs are reasonably funded, well organized, and easily available.



Dr. Hall looks on as part of the wall is taken down.

Progress: Community-based Services

- In 1989, the SC Department of Mental Health, with support from the National Institute of Mental Health, hosted a national conference to explore how other states shifted to community-based services, how they defined priority populations, and how they planned and located services.
- It was determined that the services necessary for the successful transition of patients into communities did not exist and must be developed. It was also clear that some patients could not be safely discharged into the community and should continue to be cared for in DMH facilities until appropriate services could be created.
- Some communities struggled to develop community-care programs at first. Patients faced a shortage of appropriate housing options, a lack of crisis care for short-term acute situations, and a lack of employment opportunities.
- Still, the agency moved forward. In 1993, 127 patients, from the South Carolina and Crafts-Farrow State Hospitals, moved into seven customized programs in Aiken, Charleston, Columbia, Lexington, Orangeburg, and Sumter. They were provided with appropriate housing, medication monitoring, psychiatric and medical services, supportive community services, meaningful activity, and employment assistance.
- In two separate moves between 1992 and 1995, 265 patients were discharged from inpatient facilities to Toward Local Care projects in community mental health centers across the state.
- The State Hospital, or “Bull Street” campus, except for William S. Hall Psychiatric Institute for children and a few administrative offices, is closed. DMH now provides care via an outpatient, community-based system, comprising 17 community mental health centers (each with clinics and satellite offices), four psychiatric hospitals, three veterans’ nursing homes, and one community nursing home.

Governance



John H. Magill

State Director of Mental Health

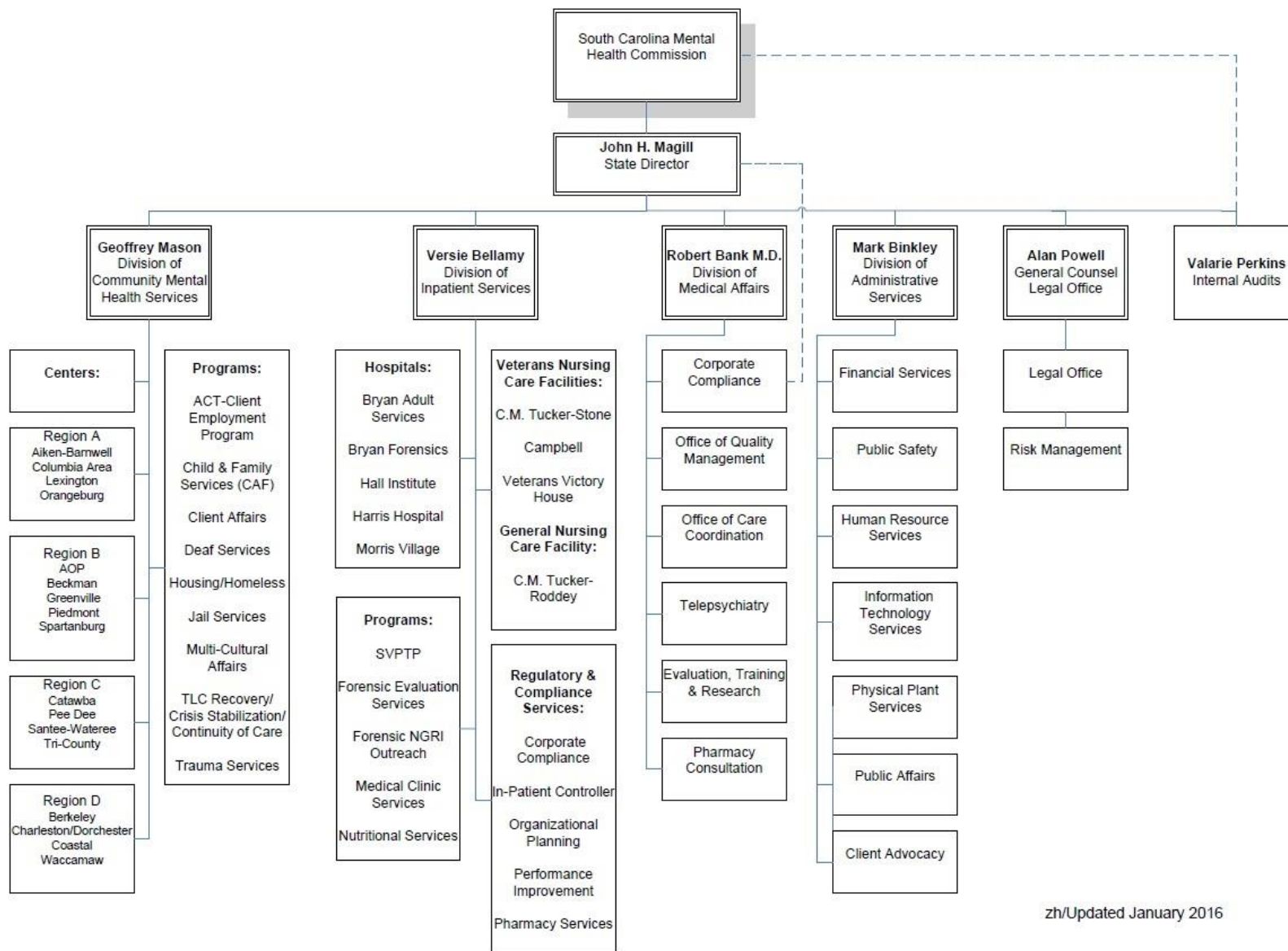
Governance

In 1827, the SC Legislature passed an act to bring the Asylum into *operation*. The act placed the organization and superintendence of the Asylum into the hands of nine Regents, or “Commissioners,” elected by the Legislature.

The Mental Health Commission still exists. It comprises 7 Commissioners, who are appointed by the Governor, with the consent of the SC Senate, and serve terms of 5 years.

The Commission convenes monthly, with meetings rotating among DMH’s centers and hospitals.

Governance



Operations



The DMH Today

The DMH system:

- Comprises 17 community-based, outpatient mental health centers, each with clinics and satellite offices, which serve all 46 counties in our state;
- Provides services approximately 100,000 patients per year, approximately 30,000 of whom are children;
- Operates four licensed hospitals, including one for substance abuse treatment;
- Operates four nursing homes, including three for veterans;
- Is one of the largest hospital and community-based systems of care in South Carolina;
- Includes operation of a Forensics program; and
- Includes operation of a Sexually Violent Predator Treatment Program.

Community Mental Health Centers

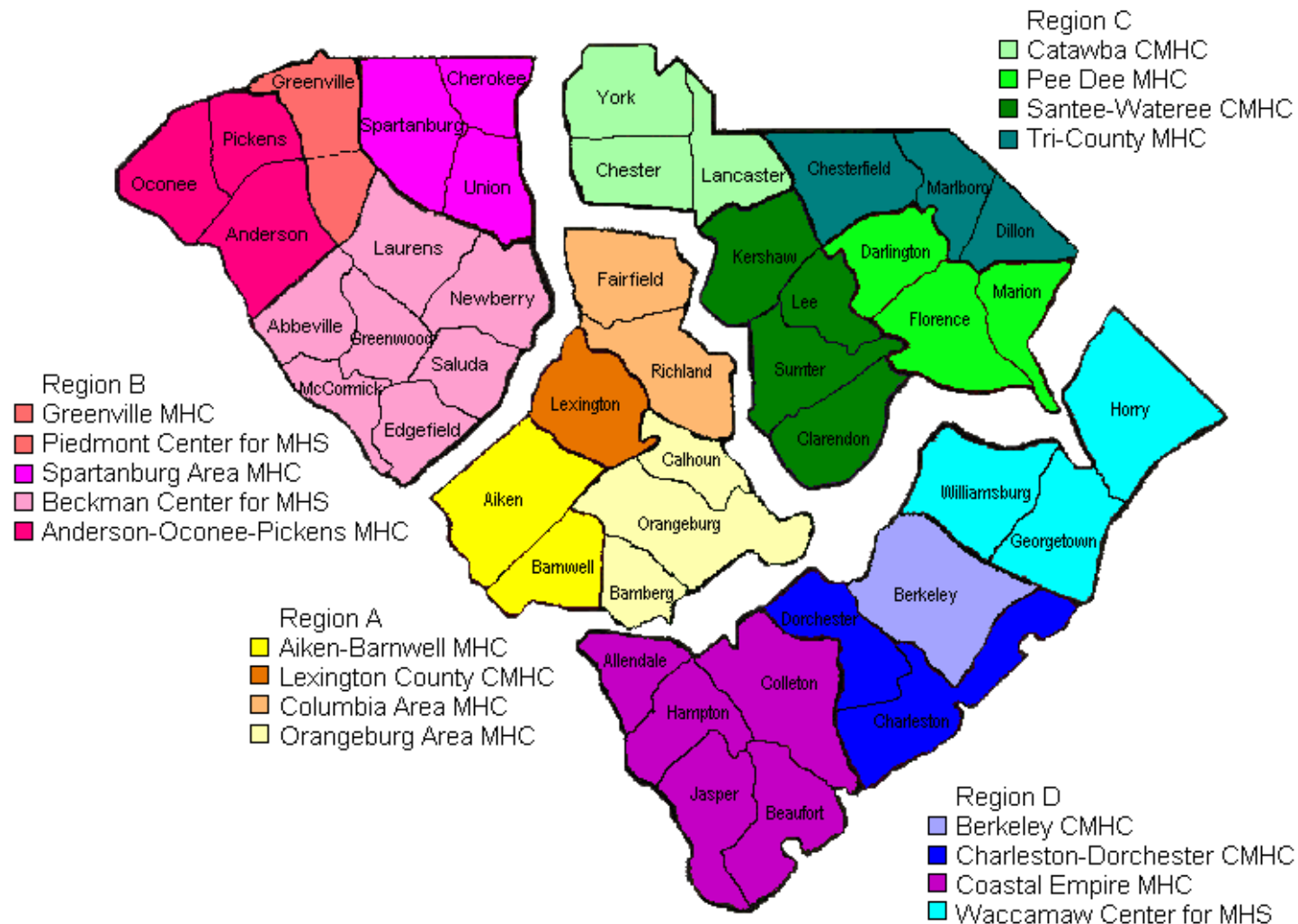
Community mental health centers (CMHCs) provide comprehensive mental health services, offering outpatient, home-based, school, and community-based programs to children, adults and families throughout South Carolina.

DMH Community Mental Health Centers

Aiken-Barnwell Community Mental Health Center
Anderson-Oconee-Pickens Mental Health Center
Beckman Center for Mental Health Services
Berkeley Community Mental Health Center
Catawba Community Mental Health Center
Charleston-Dorchester Mental Health Center
Coastal Empire Community Mental Health Center
Columbia Area Mental Health Center
Greenville Mental Health Center
Lexington County Community Mental Health Center
Orangeburg Area Mental Health Center
Pee Dee Mental Health Center
Piedmont Center for Mental Health
Santee-Wateree Community Mental Health Center
Spartanburg Area Mental Health Center
Tri-County Community Mental Health Center
Waccamaw Center for Mental Health

- All 17 DMH CMHCs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.
- Each DMH community mental health center has an advisory board, with nine to fifteen members, including at least one medical doctor. Center boards meet monthly.

Community Mental Health Centers



DMH Inpatient Hospitals & Facilities

DMH's Inpatient Services comprises four psychiatric hospitals, one community nursing care center, three veterans' nursing homes, and a Sexually Violent Predator Treatment Program.

- Each of DMH's three psychiatric hospitals is accredited by the Joint Commission, which aims to improve healthcare by evaluating healthcare providers and inspiring them to excel in the provision of safe, effective care of the highest quality and value.
- Morris Village Treatment Center, the Agency's inpatient drug and alcohol treatment facility, is licensed by the South Carolina Department of Health and Environmental Control (DHEC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services.
- Each of DMH's four nursing homes is licensed by the SC DHEC and certified by the Centers for Medicare & Medicaid Services.
- Three of the Agency's four nursing homes (comprising more than 500 beds) serve veterans exclusively and are certified by the Department of Veterans Affairs.
- The Tucker Nursing Care Facilities (Roddey, a general nursing home, and Stone, a veterans' nursing home) are nationally accredited by the Joint Commission and represent two of 10 Nursing homes in South Carolina with this distinction.

DMH Inpatient Hospitals and Nursing Homes



Richard M. Campbell Veterans Nursing Home
Skilled nursing care facility for SC veterans in Anderson



Patrick B. Harris Psychiatric Hospital
Adult psychiatric care hospital in Anderson.



G. Werber Bryan Psychiatric Hospital

Adult Services - Adult psychiatric care hospital in Columbia.

Forensics - Court-ordered stabilization, restoration, evaluation, and ongoing treatment for people found not competent to stand trial or Not Guilty by Reason of Insanity. Located in Columbia.

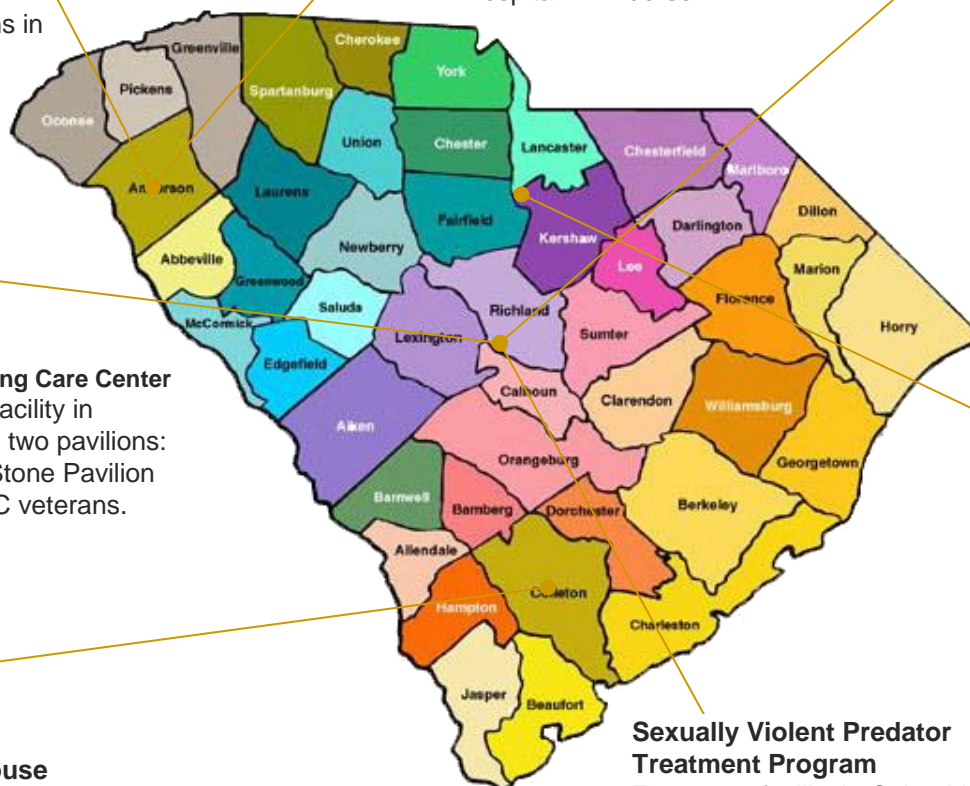
William S. Hall Psychiatric Institute
Child and Adolescent psychiatric hospital on the Bryan Campus with acute, residential and alcohol and drug addiction treatment.



C.M. Tucker, Jr. Nursing Care Center
Skilled nursing care facility in Columbia comprising two pavilions: Roddey and Stone. Stone Pavilion specifically serves SC veterans.



Veterans Victory House
Skilled nursing care facility for SC veterans in Walterboro.



Morris Village Alcohol and Drug Addiction treatment Center
Alcohol and drug addiction treatment hospital in Columbia.

Sexually Violent Predator Treatment Program
Treatment facility in Columbia for persons adjudicated as sexually violent predators.

DMH Hospitals

G. Werber Bryan Psychiatric Hospital (Columbia)

G. Werber Bryan Psychiatric Hospital (Bryan) provides inpatient psychiatric treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission.



Adult Services - Bryan's Adult Services patients are admitted primarily from the 33-county Midlands, Pee Dee, and Lowcountry regions of South Carolina. The majority of patients are civil involuntary admissions.

Forensics - The Forensics Division provides inpatient evaluation and treatment, rehabilitation, and outpatient services. Admissions are court-ordered from across the state through the judicial system.

William S. Hall Psychiatric Institute (Hall) -

Hall provides inpatient treatment for children and adolescents ages 4-17. Hall is licensed by the State of South Carolina as a Specialized Hospital, with a separately-licensed Residential Treatment Facility for adolescents ages 13-21. Hall Institute is accredited by The Joint Commission.

Hall has three inpatient programs: Adolescent Acute, Child Acute, and Alcohol and Drug. Hall also has a Residential Treatment program for boys.

DMH Hospitals, cont.

Patrick B. Harris Hospital (Anderson)

Harris Hospital provides inpatient treatment to adults. It is licensed by the State of South Carolina as a Specialized Hospital and is accredited by The Joint Commission. Patients are admitted from the 13 Upstate counties of South Carolina, and the majority are civil involuntary admissions.

In 2015, Harris was recognized as a 2014 Top Performer on Key Quality Measures by The Joint Commission. The award recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance. Recognition in the program is based on an aggregation of accountability measure data reported during the previous calendar year.



DMH Hospitals, cont.

Morris Village Alcohol & Drug Addiction Treatment Center (Columbia)

Morris Village provides inpatient treatment for adults with alcoholism and drug addictions, and, when indicated, addiction accompanied by psychiatric illness. It is licensed by the State of South Carolina and is accredited by the Commission on Accreditation of Rehabilitation Facilities.



Patients are admitted from throughout the state with referrals from community mental health centers, community alcohol and drug commissions, community hospitals, and the judicial system. The majority of patients are civil involuntary admissions.

Nursing Homes

C. M. Tucker, Jr. Nursing Care Center (Columbia)

Tucker Center is an intermediate and skilled long-term care facility. It is licensed by the state of South Carolina, dually-certified by the Centers for Medicare/Medicaid, and accredited by The Joint Commission. It comprises two nursing homes, Roddey Pavilion and E. Roy Stone, Jr. Veterans Pavilion.

Roddey Pavilion

- Provides care to residents from around the state. Referral sources include hospitals, family members, service agencies, and other nursing homes.

Stone Pavilion

- Provides long-term nursing care for South Carolina veterans and is additionally certified by the Veterans Administration (VA). Residents are admitted from across the state. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



In 2014, Stone Pavilion was ranked as one of the top nursing care facilities in South Carolina and the nation by both the Centers for Medicare and Medicaid Services and the US News and World Report, earning the facility a 5-star rating - the highest rating obtainable.

Nursing Homes, cont.

Richard M. Campbell Veterans Nursing Home (Anderson)

Campbell is a VA-certified nursing care facility in Anderson. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.



Nursing Homes, cont.

Veterans Victory House (Walterboro)



Veterans Victory House is a VA-certified nursing care facility in Walterboro. It admits eligible veterans from across the state and is operated by an independent health care contractor. Referral sources include the VA, hospitals, family members, service agencies, and other nursing homes.

Sexually Violent Predator Treatment Program

- The Sexually Violent Predator Treatment Program was established by legislation to provide treatment for persons adjudicated as sexually violent predators.
- The Sexually Violent Predator Act (SVPA) was passed in 1998 and created a new civil commitment process. Under the SVPA, persons previously convicted of a sexually violent offense are screened prior to release from prison. Those meeting the criteria in the SVPA are referred for possible civil commitment. If subsequently adjudicated as “sexually violent predators,” the SVPA requires that they be committed to the Department of Mental Health for treatment, and that they be kept segregated from DMH patients.
- Persons committed to DMH as sexually violent predators are treated in the Sexually Violent Predator Treatment Program, located within the confines of facilities maintained by the SC Department of Corrections.

DMH Portals to Mental Health Services

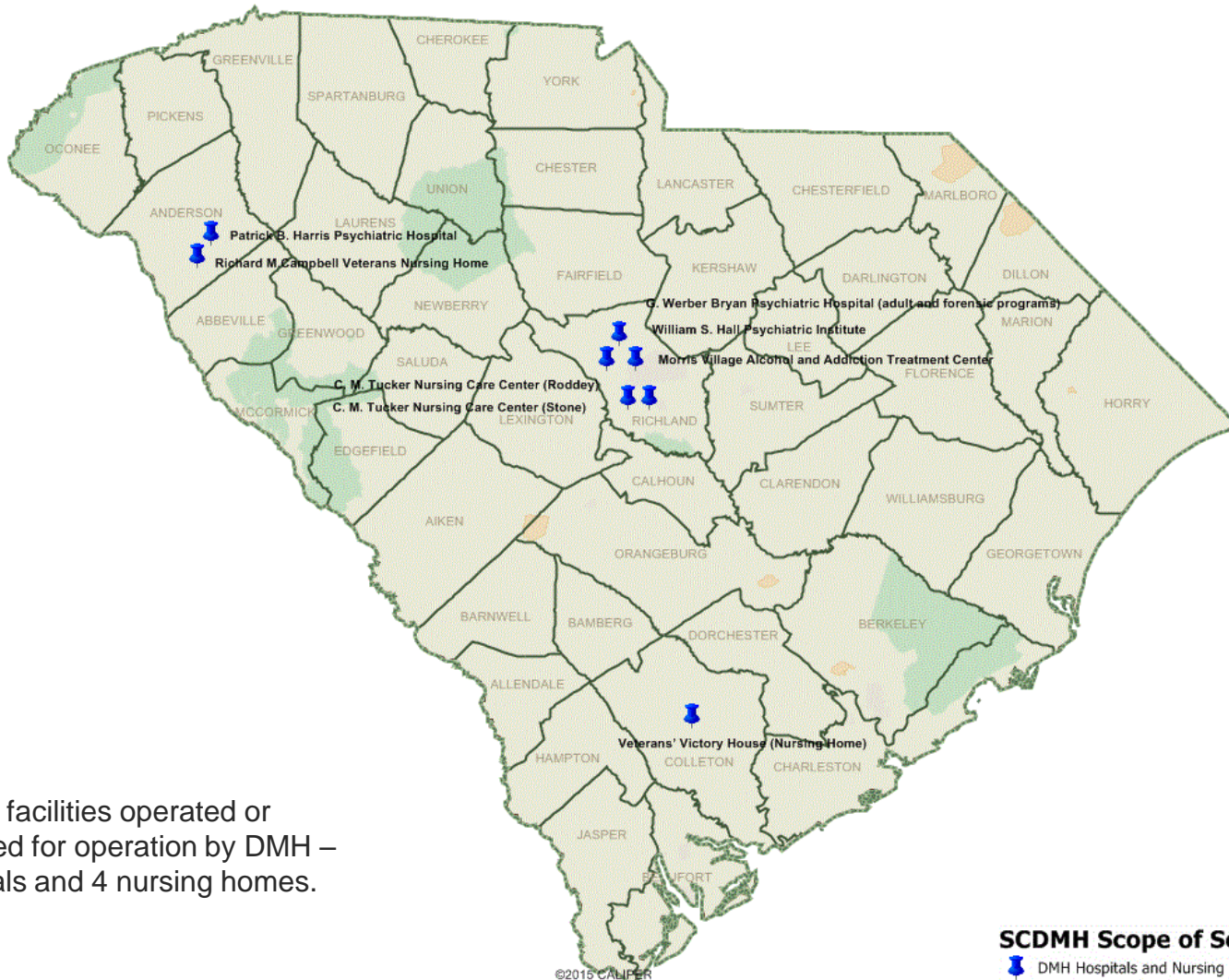
DMH provides more than 700 portals to access mental health services.



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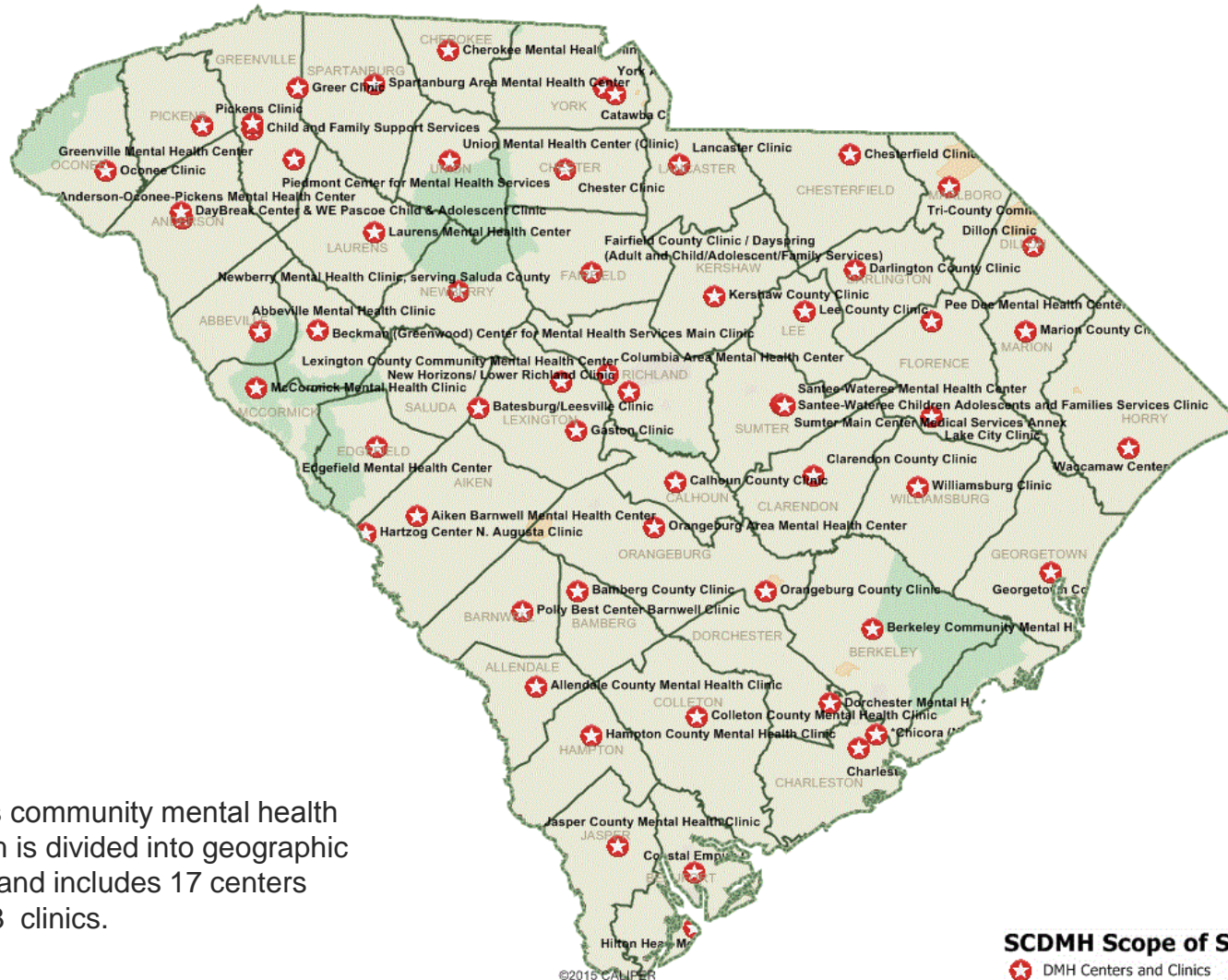
State Director of Mental Health

DMH Portals: Hospitals & Nursing Homes



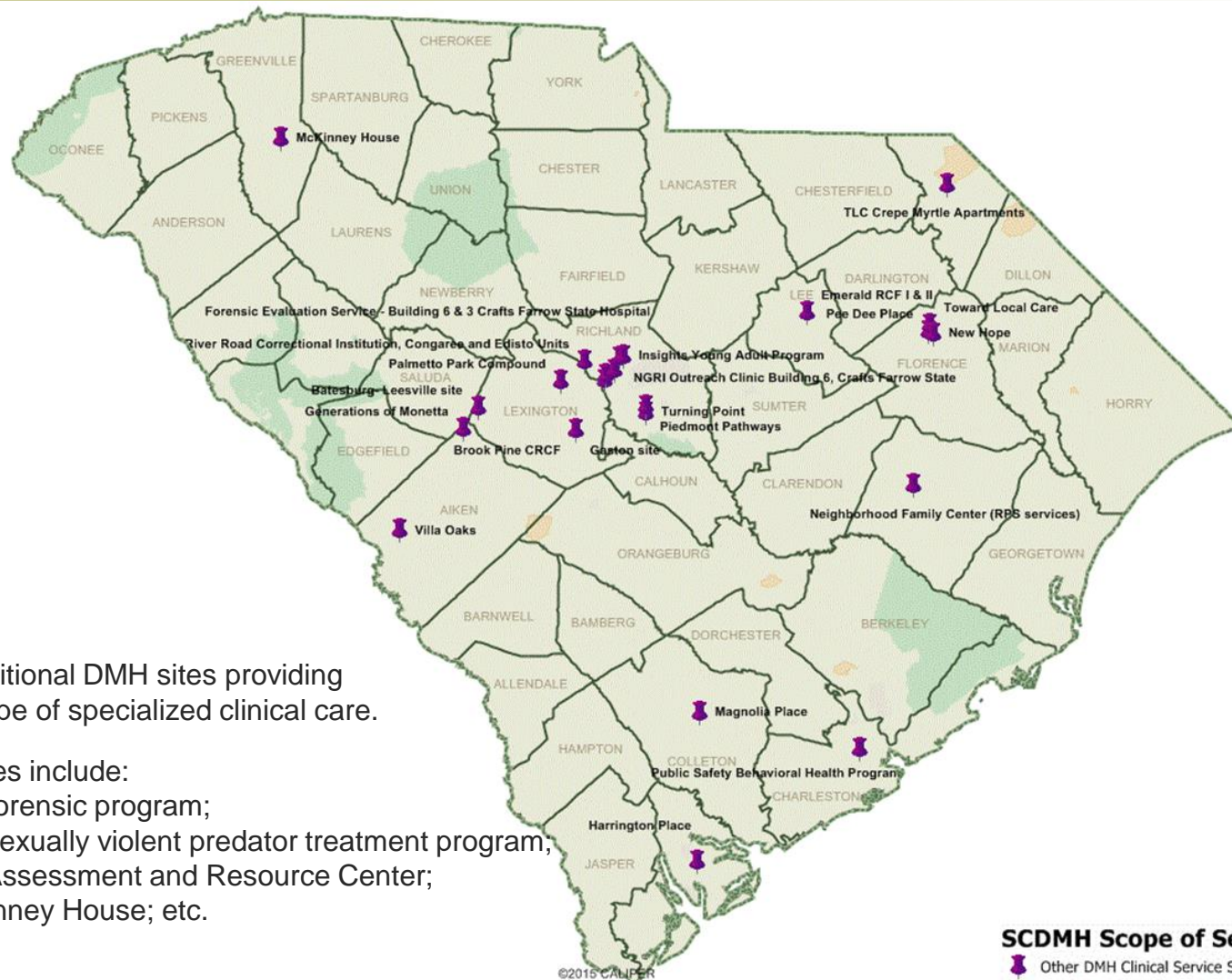
Inpatient facilities operated or contracted for operation by DMH – 4 hospitals and 4 nursing homes.

DMH Portals: Mental Health Centers & Clinics



DMH's community mental health system is divided into geographic areas and includes 17 centers and 43 clinics.

DMH Portals: Specialized Clinical Service Sites

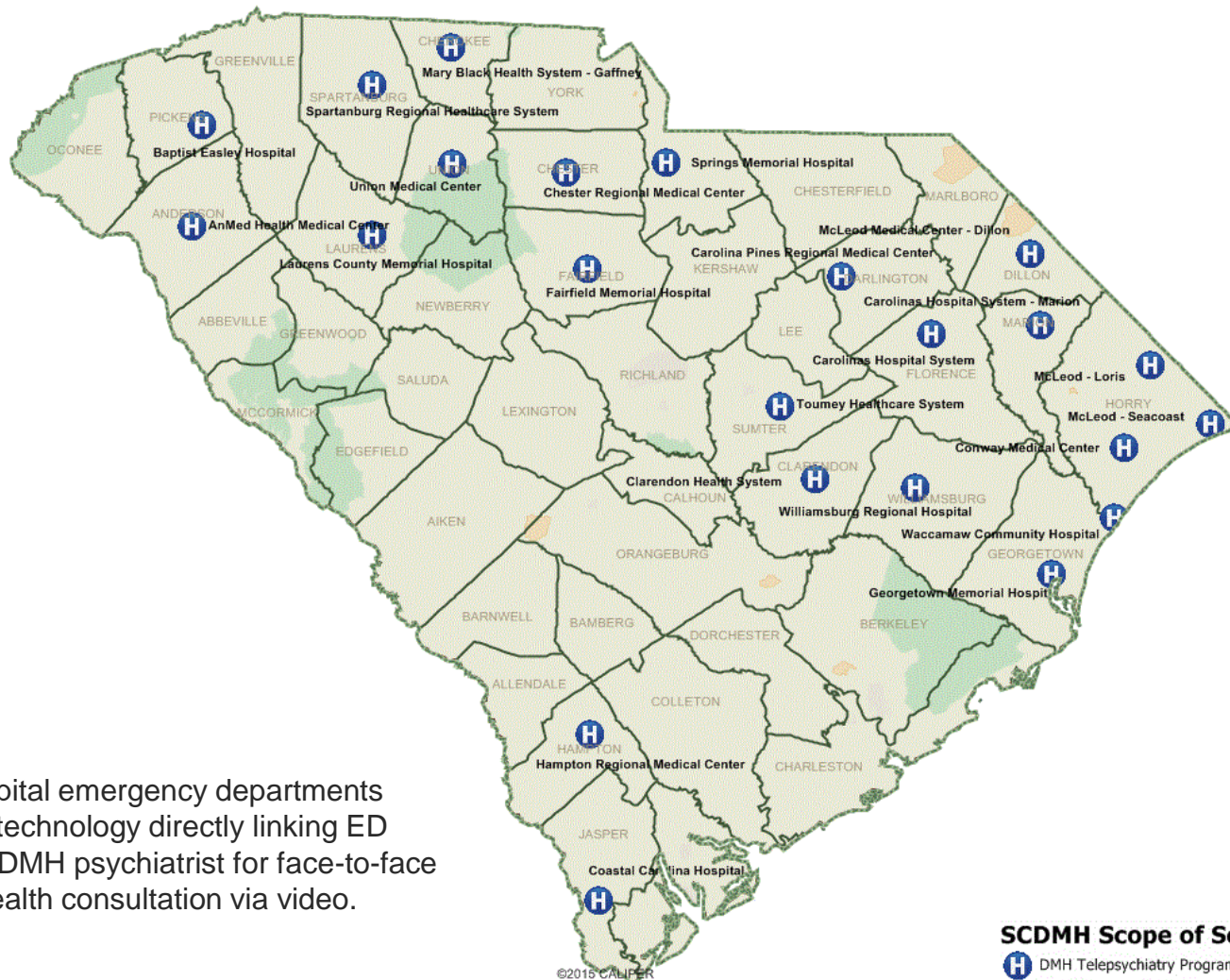


20+ additional DMH sites providing some type of specialized clinical care.

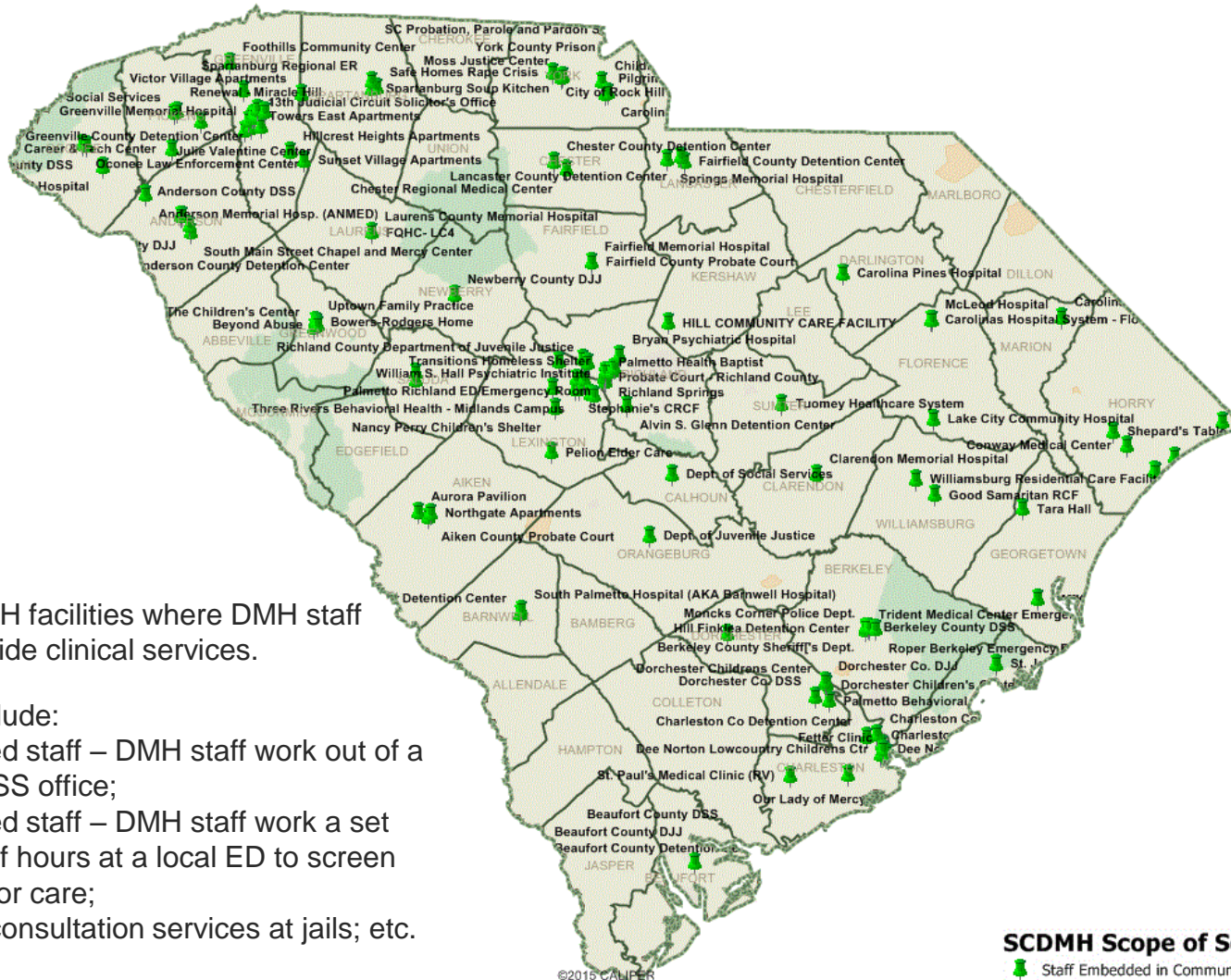
Examples include:

- The forensic program;
- The sexually violent predator treatment program;
- The Assessment and Resource Center;
- McKinney House; etc.

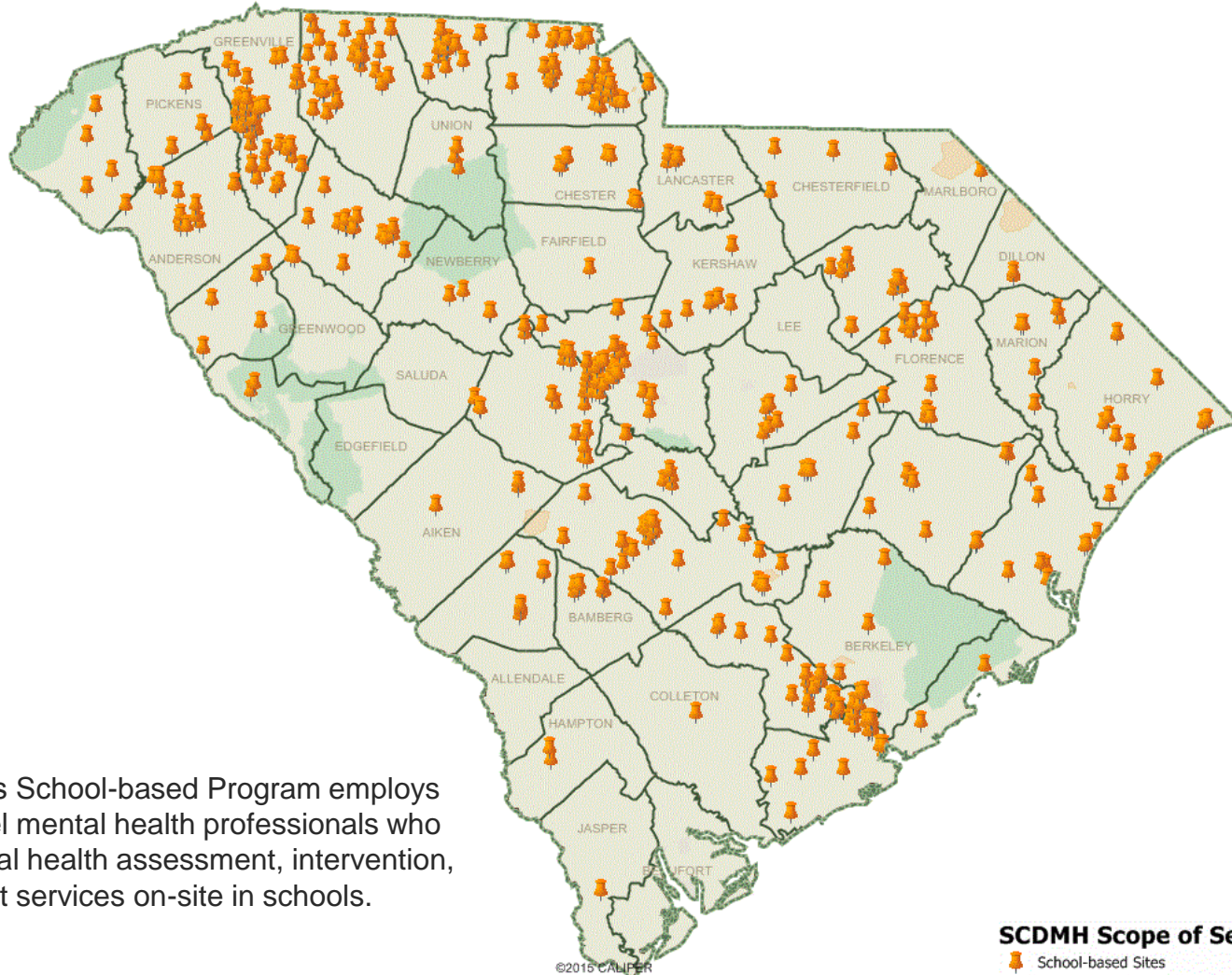
DMH Portals: Hospitals Utilizing DMH ED Telepsychiatry



DMH Portals: Community Sites with Embedded DMH Staff

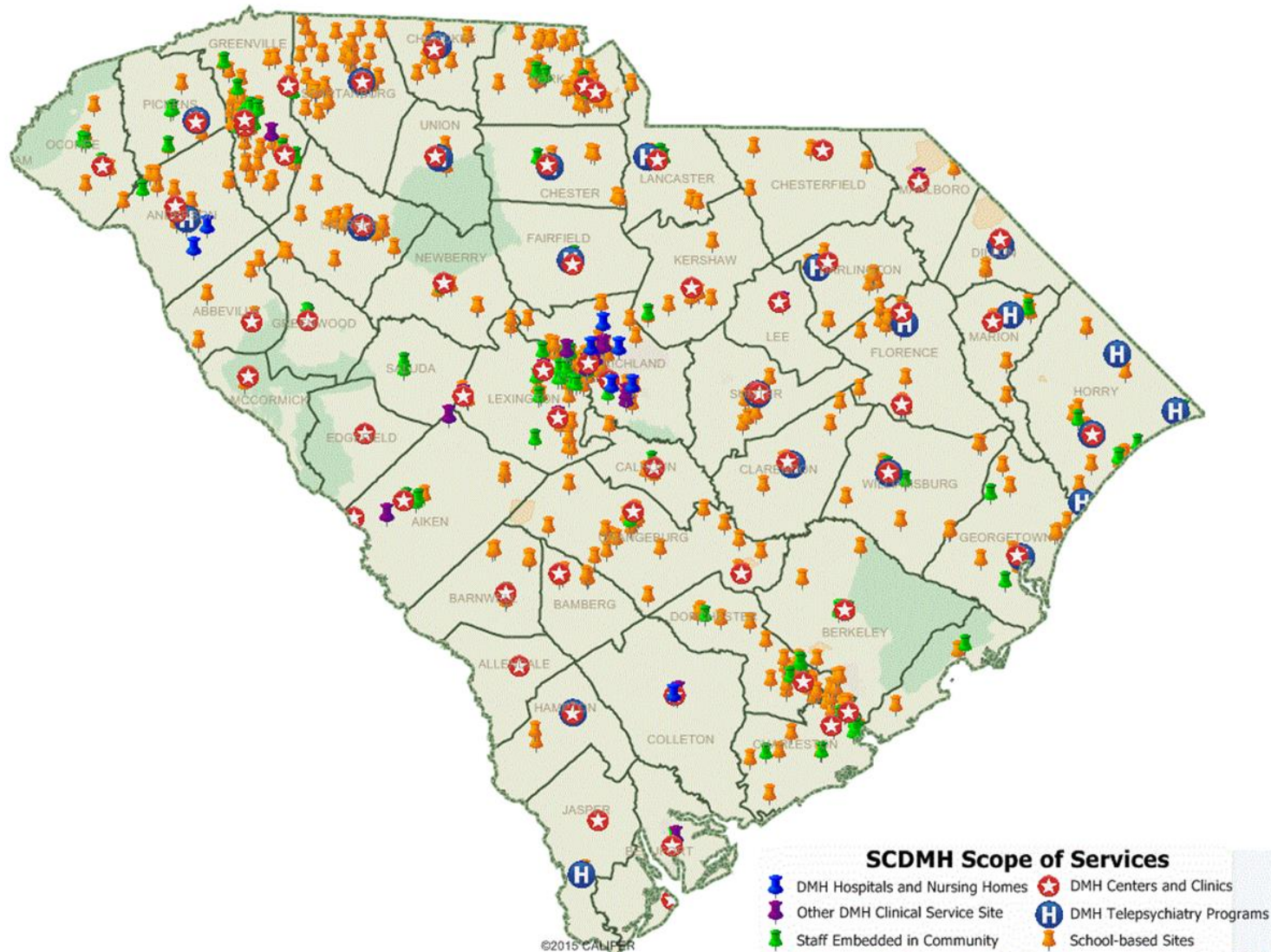


DMH Portals: DMH School-based Program Sites



(500+) DMH's School-based Program employs Master's-level mental health professionals who provide mental health assessment, intervention, and treatment services on-site in schools.

DMH Portals: 700+ Portals to DMH Services



Innovation

Using Technology to Improve & Expand Services



John H. Magill

State Director of Mental Health

Innovation: Telepsychiatry



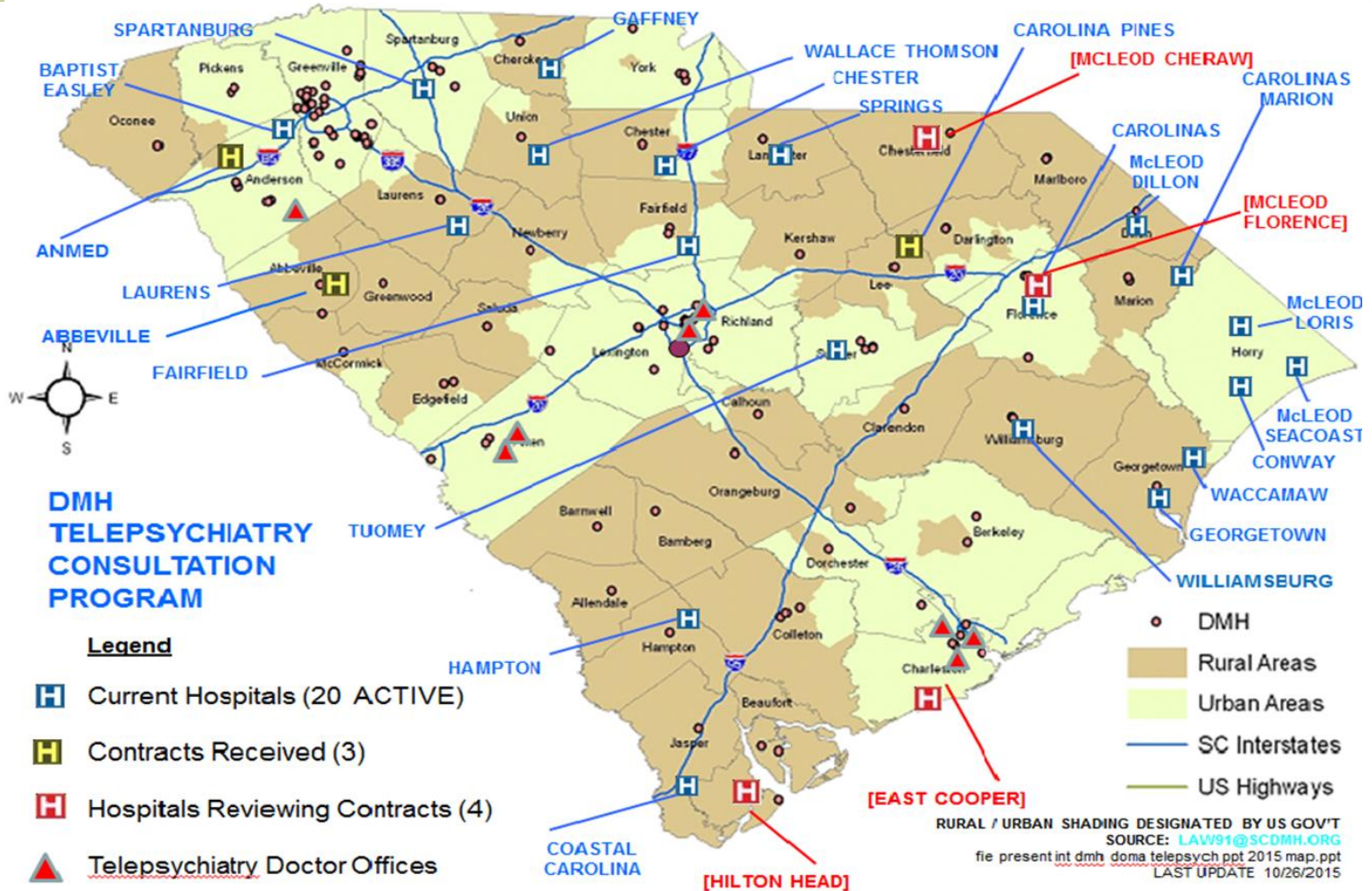
DMH, in partnership with The Duke Endowment (TDE), the University of South Carolina School of Medicine, the South Carolina Hospital Association, and the South Carolina Department of Health and Human Services (SC DHHS), received several grants to provide psychiatric consultations (via telemedicine) in emergency departments (EDs) across South Carolina beginning in March of 2009.

Since July 2012, the program is funded by TDE, state appropriations, SC DHHS, and via subscription fees from participating hospitals.

SC is the first state successfully connecting patients in EDs statewide with telepsychiatrists.

As of December 1, 2015, 23 hospitals are connected to the Telepsychiatry program. There have been nearly 26,000 consultations since the program's inception, with recommendations to divert 51% of these patients from inpatient admission.

Telepsychiatry: Deployment



Innovation: Electronic Medical Record

The outpatient Electronic Medical Record (EMR) is used in all 17 community mental health centers. Future goals include:

- Expansion of online clinical documentation beyond basic forms (e.g. Screening Form, Discharge Summary, etc.);
- Continuing to utilize Electronic Prescribing (ePrescribing) services;
- Researching the purchase of an Inpatient EMR as funds become available,
- Sharing (with patient consent ONLY) clinical data with the South Carolina Health Information Exchange (SCHIEEx) for continuity of care across providers.

Innovation: School-based Services

This Best Practice program seeks to identify and intervene at early points in behavioral and emotional disturbances and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances.

Services include:

- Primary prevention - e.g., helping to increase parental involvement in school, helping to coordinate activities related to a violence prevention initiative, helping to intervene and increase positive choices that support positive behaviors.
- Early intervention and services to youth dealing with transitions and milestones - e.g., social skills training, school transition programs, and parental involvement in schools.
- Individual and family services - e.g., individual, family, and group counseling, crisis intervention, and application of Evidence-based Treatment (EBT) is used to provide these services.

Funding:

- In FY 14, DMH received \$1 Million in funding from the SC General Assembly for the expansion of school-based mental health services.
- Another \$1 Million was recently appropriated for the second phase of expansion of school-based mental health services.

FY 15 Program Data:

- In FY 15, with appropriated funds from the SC General Assembly, DMH school-based programs provided clinicians to more than 500 of the 1,231 public schools in South Carolina, or 41% of schools.
- DMH had staff in 502 schools statewide – 47% of SC schools.
- This expansion will allow school-based services to serve approximately 18,000 students.

Innovation: Assessment/Mobile Crisis

- Assessment/Mobile Crisis (AMC) is a psychiatric emergency services program of Charleston/Dorchester Mental Health Center (CDMHC), created in 1987.
- The AMC team comprises 7.5 Master's level clinicians and a Master's level team leader.
- When called by law enforcement, night or day, rain or shine, mobile crisis team members will go anywhere in the community, except emergency departments, to provide triage, assessments, and referrals.
- The service is available to anyone in psychiatric distress.
- CDMHC's AMC is the only 24/7 psychiatric emergency response team of its kind in South Carolina.

Assessment/Mobile Crisis, cont.

- In Fiscal Year 2015, Assessment/Mobile Crisis:
 - Provided 795 emergency department diversions
 - Provided 405 hospital diversions
 - Responded to 292 crisis calls
 - Handled 1,543 after-hours crisis phone calls
 - Completed 1,741 intakes
 - Provided services to 1,118 walk-in patients

- AMC partners with the Lowcountry Crisis Negotiators' team to assist at bridge jumping, barricade, and hostage scenes. The behavioral health expert sent to the scene can often get the person in crisis directed to treatment.

Innovation: Highway to Hope RV Project

- The Highway to Hope RV of the CDMHC (launched in 2010) provides immediate psychiatric care to adults and children in the Charleston and Dorchester counties in a mobile setting. It visits rural areas that are known as underserved.
- The RV functions as a mobile mental health clinic, providing a full range of services, including:
 - Crisis intervention
 - Assessment
 - Case management
 - Individual and family therapy
 - Medication management
- Staff include a counselor, a psychiatrist, a nurse, and other mental health professionals.
- Services are available Monday through Thursday from 8am to 5pm; the Center posts a schedule of days and locations.
- Fees are based on an individual's and family's ability to pay. Third party payments through private insurance, Medicaid, Medicare and self pay are accepted. As with all services provided by DMH, no one is turned away due to the inability to pay.

Innovation: Research & IRB

DMH recognizes the need for safeguarding the rights and welfare of research subjects.

In accordance with Department of Health and Human Services regulations, DMH has an established Institutional Review Board (IRB), which is charged with these responsibilities.

DMH's IRB online manual provides researchers with tools and information necessary to ensure these obligations are met and facilitates the research process.

http://www.state.sc.us/dmh/irb_manual

The DMH IRB has approved research projects conducted in-house and/or with research partners, including faculty and staff from USC, MUSC, Clemson University, Emory University, Georgia Regents University, and the University of Florida.

Innovation: Research

Examples:

- *“A Multi-Center Validation Study of the Virtual Reality Functional Capacity Assessment Tool (VRFCAT)”*
- *“Development of the Sleep Research Data”*
- *“A Randomized Controlled Trial of Buspirone for Relapse-Prevention in Adults with Cocaine Dependence (BRAC2)”*
- *“Exploration of Craving Correlates Among Substance Users”*
- *“Exploration of Reasons for Substance Use with Addicts”*
- *“Latino/a Mental Health in South Carolina: An Assessment of Mental Health Needs, Existing Resources, and Current Challenges”*
- *“Bedside Evaluation of Sleep Apnea and Clinical Correlates in Hospitalized Psychiatric Patients by Using Portable Apnea Risk Evaluation System (ARES)”*
- *“Service Supports for Community Living: Exploring the Role of Case Management in Promoting Community Integration for Clients within a Community Mental Health Center”*
- *“Suicide Prevention Program”*
- *“Testing Integrative Models to Improve School Safety: Positive Behavior Interventions Support and the Olweus Bullying Prevention Program”*

Innovation: The Ensor Trust

- The Ensor Trust at DMH was established years ago through a donation.
- All monies used from the Ensor Trust must be used consistent with the wishes of the settler of the Trust, meaning that the money spent in the form of Ensor Grants must foster and support research initiatives in the area of mental health treatment.
- The program looks specifically for proposals in the area of Translational Research and Clinical Outcomes related to mental health. However, the focus of research may change each year based on the needs and/or mission of DMH and the discretionary authority for Directive Research.
- All requests for Ensor Funds are reviewed and approved by the DMH Research Committee and the State Director and are monitored by the DMH Grant Steering Committee.
- Grant recipients must submit periodic reports and a final product (presentation, publication and new research proposal submission for external funding) is anticipated as an outcome of the proposed research.

Collaboration

Building Partnerships to Meet Unique Local Needs



John H. Magill

State Director of Mental Health

Collaboration: Response to the Mother Emanuel AME Shooting

- On the evening of Wednesday, June 17, 2015, 10 people were shot in an attack during a prayer service at Emanuel AME Church in Charleston. Nine of the victims died.
- Due in part to excellent working relationships with local law enforcement and community groups, staff from Charleston-Dorchester MHC were able to respond immediately in the wake of the tragedy.
- The Center reached out to victims, their families, the Emanuel Community, the Office of the Mayor, first responders (EMS, law enforcement, the coroner's office), the Media, victims' advocates, and the community at large.
- The following is a brief summary of services provided by Charleston-Dorchester MHC and its partners following the shootings.

Collaboration: Response to the Mother Emanuel AME Shooting



- CDMHC quickly collaborated with multiple community partners, including:
 - Berkeley MHC
 - Orangeburg MHC
 - Waccamaw CMHS
 - DMH Central Administration
 - The National Crime Victims' Center (MUSC)
 - 211 hotline
 - Lowcountry Pastoral Counseling
 - SAVE, Inc. (County and City employee assistance program)

Collaboration: Response to the Mother Emanuel AME Shooting

- Together, these partners were able to provide immediate access to care, via:
 - A Family Assistance Center
 - A Church Assistance Center
 - Regular and timely debriefings
 - Funeral planning meetings
 - Phone banks and interviews
 - Community assistance at the Mental Health Centers
 - Support presence at prayer vigils
 - Support presence at every victim's wake and funeral
 - Highway to Hope RV presence at the memorial service at Emanuel AME

Collaboration: Response to the Mother Emanuel AME Shooting

- Partners continued to provide support in the following weeks and months, including:
 - Counselors at every worship service
 - Presence at all court hearings
 - Counselors at various ministry meetings
 - Church bulletin inserts
 - Grief support groups
 - Individual therapy
 - Applying for a Victims of Crime grant to provide ongoing support
 - Opening a Recovery Center for victims and the community at large
 - A case study, outlining actions taken, outcomes, and lessons learned
 - Ongoing grief groups - 2 per week
 - A retreat for families of the victims

Collaboration: Response to the Mother Emanuel AME Shooting

- The group who responded to this tragedy were careful to ensure that they “Cared for the Caregivers”; many staff at the nearby MHCs knew victims or their families. The entire community was affected.
- To ensure that those providing services to others were well, partners:
 - Held internal “town hall meetings”
 - Conducted debriefings
 - Provided ongoing training and consultation
 - Ensured constant communication
 - Received ongoing DMH Central Administration support
- The CDMHC and its partners have made sure the local community knows they are “in it for the long haul,” and will continue to provide support **as long as it is needed.**

Collaboration: Beckman CMHS with Greenville Hospital System/ Laurens County Memorial Hospital

- This unique partnership began with Telepsychiatry - the first consult in Laurens Hospital took place July 11, 2010.
- In 2011, the Upstate Hospital Consortium launched, to facilitate communication between Upstate hospitals and DMH community mental health centers with regard to psychiatric services in emergency departments.
- As a result of the Consortium, Beckman CMHS and Laurens Hospital developed a contract in August of 2012 to provide a full-time mental health professional (MHP) to provide services in the hospital's emergency department.
- The contract expanded in July of 2014 to include another full-time MHP to cover LC4, the urgent care area of the Federally Qualified Healthcare Center, located in the former Laurens Hospital emergency department.

Beckman CMHS, Greenville Hospital System/Laurens County Memorial Hospital, cont.

- The MHP provides consultative services to patients experiencing psychiatric emergencies in the emergency department and facilitates linkage to the Telepsychiatry program.
- The second MHP provides services to those in need of urgent care and brief treatment in LC4.
- Since the collaboration began, 2,374 consults have been provided in the emergency department.

Collaboration: Harris Psychiatric Hospital & AnMed Health

- In March of 2013, Harris Psychiatric Hospital entered into an agreement with AnMed Health in Anderson to bring 15 acute inpatient beds back online at Harris. In October of 2014, the capacity was expanded to 20 acute inpatient beds.
- The agreement includes the emergency departments at AnMed, Oconee Memorial, Cannon Memorial, and Baptist-Easley hospitals. In October of 2014, Spartanburg Regional Medical Center was added to the partnership agreement.
- Patients screened and admitted to Harris from these locations receive services from a private psychiatrist on the AnMed medical staff.
- 4 private psychiatrists have agreed to rotate and cover the admissions to the 20 beds outlined in the agreement.
- Without this collaboration, the Upstate region of South Carolina would have 20 fewer beds to serve psychiatric patients. These beds have provided care to more than 400 patients since March 2013.
- This is the first collaboration where private psychiatrists provide services to involuntarily committed psychiatric patients within a public mental health system, highlighting the determination of the DMH to develop public/private partnerships to enhance the delivery of behavioral health services within the state.

Collaboration: National Guard Project

- DMH has partnered with the South Carolina National Guard (SCNG) to give priority and provide outpatient mental health services to soldiers, using a linkage of DMH and SCNG liaisons to facilitate treatment at local mental health centers.
- Since April 2014, the SCNG staff has referred 36 soldiers and three family members to local DMH centers or clinics for treatment.
- DMH and SCNG staff have participated in two statewide conferences on understanding military culture and have held several individual meetings to establish an acceptable referral protocol, understand military culture, and ensure continuity of soldiers' treatment.
 - SCNG staff presented to the DMH Multi-Cultural Council (May, 2015)
 - DMH staff has attended the Mental Health Summit: A Community of Care: Building Connections at the VA Hospital for four years.

National Guard Project, cont.

- In 2015, DMH, SCNG staff, and community partners took part in Star Behavioral Health training, hosted by Aiken-Barnwell and Charleston-Dorchester MHCs, respectively, to obtain a better understanding of military culture and reduce the stigma of mental health treatment.
- Launched in 2011, the Star Behavioral Health Providers program trains civilian mental and behavioral health professionals on the unique aspects of military life. It is a collaborative effort of the Center for Deployment Psychology, which provides training, and the Military Family Research Institute at Purdue University in Indiana.
- The program helps service members and those who care about them locate trained civilian behavioral health professionals who better understand challenges associated with military service.
- Once mental health professionals complete these courses, their names are added to the Military Family Research Institute's confidential registry, which can be searched by reserve and guard members as well as veterans.

Collaboration: Behavioral Health for First Responders

- In July of 2013, DMH joined the South Carolina State Firefighters' Association (SCSFA), the South Carolina Fire Academy (SCFA), and the National Fallen Firefighters Foundation (NFFF), in launching a pilot program to provide behavioral health support to South Carolina's 17,500 firefighters.
- The goal is to ensure that behavioral health interventions are available to firefighters when needed and that the care provided represents best-practices.
- The program provides clinical intervention; firefighter peer teams provide first-tier response, and DMH provides second-tier clinical support.
- The program is the first of its kind in the nation, and will serve as a national and international model.
- Appropriately trained DMH staff are available at the following centers, under this regional pilot program:
 - Beckman CMHS
 - Berkeley MHC
 - Charleston/Dorchester MHC
 - Columbia Area MHC
 - Pee Dee MHC

Collaboration: University of SC School of Medicine

- DMH has contracts with the University of South Carolina School of Medicine (USCSOM) and the Department of Neuropsychiatry and Behavioral Science.
- There has been a long collaborative relationship between DMH and the Department of Neuropsychiatry and Behavioral Science at the USCSOM, which provides clinical consultation and training delivery to DMH staff on a range of clinical topics
- DMH provides clinical rotation for 1st, 2nd, 3rd and 4th year medical students from the School of Medicine. The medical students are assigned DMH physician preceptors and rotate through the centers and facilities.
- There are four fully accredited Psychiatric Residency Fellowship Training Programs (Child, General, Forensics and Gero-Psych) that rotate through DMH centers and facilities, which the Agency supports via contract.

Collaboration: Medical University of South Carolina (MUSC)

- Residents from the MUSC Residency Training Program receive educational experiences and supervision in Psychiatry, through scheduled rotations at the Charleston Dorchester Mental Health Center (CDMHC).
- CDMHC is involved with learning collaborative between DMH, the Crime Victim's Center at MUSC and the Dee Norton Low country Children's Center. This initiative revolves around Trauma Focused Cognitive Behavioral Therapy (CBT).
- Forensic fellows from MUSC receive training in the Charleston Mental Health Court Program.
- Medical Students and Physician Assistant students rotate regularly through CDMHC throughout the academic year.
- DMH has a contract with MUSC to provide forensic evaluation of adult criminal defendants in eight counties in the low-country of South Carolina. These counties include Charleston, Dorchester, Beaufort, Allendale, Colleton, Hampton, Jasper, and Berkeley.

Collaboration: Disaster Preparedness & Response

- DMH is part of the SC Emergency Planning Committee for People with Functional Needs, a committee comprising organizations and agencies that came together after Hurricane Hugo to:
 - Improve emergency and disaster planning, policy development, and response to the functional needs of individuals and communities.
 - Educate and promote the participation of state, local, and voluntary agencies, people with functional needs, and emergency management organizations in preparing for emergencies and disasters.
- This committee was among the first organized in the country to act as a resource for state leadership in planning for and responding to people with functional needs.

Disaster Preparedness & Response, cont.

- DMH sends staff to State Emergency Operations Center (SEOC)
- Tasked with providing information and resources to local Emergency Operations Centers (EOCs) and key Emergency Support Functions staff.
- Does NOT manage incidents but supports those who do.
- Immediate Response:
 - Information and Planning (Public Information Phone System)
 - Health and Medical (site for potential evacuees, special medical needs shelters)
 - Support DMH mental health centers – Until staff affected by disaster are able to return to work.

Long Term Recovery – Crisis Counseling Teams:

- | | |
|---|-------------------------------------|
| ■ Strengths-based | ■ Not diagnostic nor clinical |
| ■ Outreach-oriented | ■ Non-traditional settings |
| ■ Assumes natural resilience & competence | ■ Bolster Community Support Systems |
| ■ Culturally competent | |

Collaboration: Veterans Policy Academy

In August 2008, South Carolina joined nine other states and federal groups in Bethesda, MD for a Substance Abuse and Mental Health Services (SAMHSA) sponsored summit dedicated to assisting veterans and their families in returning to civilian life by identifying and providing needed services in a variety of areas.

Comprising more than 50 organizations, including military, legislative, veterans' groups, state agency and non-profit representatives, Team South Carolina has developed a 6 priority item Action Plan to identify and coordinate existing services and improve the integration of said services. The team meets regularly and expands with every meeting.



Members signed a SC Veterans Policy Academy Covenant on June 1, 2009 at a formal ceremony held at the Greater Columbia Chamber of Commerce.

In 2011, the Veterans Policy Academy identified the areas of employment for returning/retiring veterans, and communication/access to services as the two main focuses of its mission.

While DMH and State Director John H. Magill still participate in the Academy, coordination is currently under the auspices of the Greater Columbia Chamber of Commerce, where it remains active under the leadership of General George Goldsmith (Ret.).

Affiliations:

Working Together to Identify & Address Needs



John H. Magill

State Director of Mental Health

Affiliations

- The South Carolina Department of Mental Health has affiliations with more than 50 educational institutions in South Carolina and more than five other states.
- The DMH's affiliation with the University of South Carolina includes activity therapy, clinical counseling, medical students, nursing students, social work, psychology interns, psychology graduate studies, and residents and fellows in psychiatry.

Affiliations

- Allen University
- Anderson University
- Appalachian State University
- Argosy University, Atlanta, Georgia
- ATEC Technical College
- ATSU/SOMA Medical School-Mesa, Arizona
- AT Still Medical University
- Augusta State University
- Benedict University
- Campbell University, North Carolina
- Capella University
- Central Carolina Technical College
- Citadel
- Clemson University
- Columbia International University
- Coker College
- ECPI University
- Erskine College
- Florence-Darlington Tech. College
- Fortis College/Education Affiliates
- Francis Marion University
- Furman University
- Gardner Webb
- Greenville Technical College
- Horry Georgetown Technical College
- Lander University School of Nursing
- Liberty University
- Limestone College
- Low Country Technical College
- Medical University of South Carolina
- Mesa University, Arizona
- Midlands Technical College
- Northeastern Technical College
- Orangeburg Calhoun Tech. College
- Piedmont Technical
- Presbyterian College of Pharmacy
- Regent University, Virginia Beach
- Rush University Medical Center
- South Carolina State University
- South University
- Tri County Technical
- Trident Technical College
- University of Akron
- University of North Carolina
- University of North Dakota
- University of South Alabama
- University of Southwest Hobbs, New Mexico
- USC (Activity Therapy, Clinical Counseling, Medical Students, Social Work, Psychology Interns, Psychology Grad. Studies)
- USC – Lancaster
- USC – Upstate
- USC School of Medicine - Neuropsychiatry & Behavioral Science Residency Training Programs (Child, General, Geropsychiatric and Forensics)
- Vanderbilt University
- Walden University
- Webster University
- Williams Corley University
- Winthrop University
- Wofford College
- York Technical College

Affiliations: Advocacy Organizations

DMH works closely with independent advocacy organizations to improve the quality of lives for the persons with mental illness, their families, and the citizens in SC.

- **AFSP-SC** – the American Foundation for Suicide Prevention SC
- **FAVOR** - Faces and Voices of Recovery
- **The Federation of Families** for Children's Mental Health - SC
- **MHA-SC** - Mental Health America of South Carolina
- **NAMI-SC** - the National Alliance for the Mentally Ill in South Carolina
- **P&A** - Protection and Advocacy for People with Disabilities
- **SC SHARE** - SC Self Help Association Regarding Emotions, the state's only patient-run advocacy organization

Affiliations: Interagency

■ SC Departments of:

- Alcohol and Other Drug Abuse Services
- Corrections
- Disabilities and Special Needs
- Education
- Emergency Management
- Employment and Workforce
- Employment Security Commission
- Health and Environmental Control
- Health & Human Services
- Juvenile Justice
- Social Services
- Vocational Rehabilitation

■ SC:

- Alzheimer's Association
- American College of Mental Health Administrators
- American Red Cross
- Assistive Technology Program
- Christian Action Council
- Commission for the Blind
- Commission on Minority Affairs
- Development Disabilities Council

- Disabled American Veterans
- Independent Living Council
- Lieutenant Governor's Office on Aging
- Mental Illness Recovery Center, Inc. (MIRCI)
- Migrant and Health Program
- National Association of Consumer/Survivor Mental Health Administrators
- National Association of State Mental Health Program Directors
- National Center for Missing & Exploited Children
- Santee-Lynches Council on Government
- School for the Deaf & the Blind
- Southeastern Kidney Council
- Substance Abuse and Mental Health Services Administration
- The National Research Institute
- The Salvation Army
- United Way Association of South Carolina
- United Way of the Midlands
- USC: Center for Public Health Preparedness
 - Arnold School of Public Health
- Veterans Administration

Affiliations: Joint Council on Children & Adolescents

For the past four years, the Joint Council on Children & Adolescents has led efforts to improve services for children and youth needing treatment services across systems to include mental health, substance use and care coordination.

The body was established in August 2007 as a mechanism for transforming the service delivery system of youth and their families. The Council's mission requires participating agencies to commit to the delivery of cost effective, quality service which emphasizes a "No Wrong Door" approach.

Unique in its membership, the Joint Council comprises agency directors of:

SC Department of Mental Health	Commission of Minority Affairs	SC Children's Trust
SC Department of Alcohol & Other Drug Abuse Services	Behavioral Health Services Assoc. of SC	Children's Law Center
SC Department of Juvenile Justice	SC Faces and Voices of Recovery	Duke Foundation
SC Department of Social Services	Federation of Families of SC	SC Sisters of Charity
SC Department of Disabilities & Special Needs	National Alliance of Mental Illness of SC	Blue Cross Blue Shield
SC Department of Education	SC Primary Health Care Association	Family Connections
Governor's Office Continuum of Care	Two parents of children with serious mental illness	University of South Carolina

Joint Council on Children & Adolescents, cont.

The Joint Council has recently revised its bylaws to incorporate “System of Care” and “Trauma-Informed Care” language.

Products of the “Trauma-Informed Care” initiative, include six hour training on eight trauma-informed core competencies approved by the Joint Council. These trainings are provided to the public at no cost and are presented in regions across the state.

Through the Breaking Boundaries planning grant, SC has created a statewide strategic plan to implement a best practices, child and family-centered approach to services and supports. With the full support of the Joint Council on Children and Adolescents, and a broad base of involvement from agencies, organizations, youth, and families, the state has moved towards the next phase of implementation.



Blue Ribbon Programs

Outstanding Areas of DMH's Service Array



John H. Magill

State Director of Mental Health

Blue Ribbon Programs: The Assessment & Resource Center

The Assessment & Resource Center is a Children's Advocacy Center (CAC), accredited through the National Children's Alliance in Washington, DC. It is the only state-funded CAC in South Carolina.

DMH collaborates with the USC School of Medicine's Department of Pediatrics and Palmetto Health Children's Hospital to provide integrated services for children suspected of being sexually or physically abused.

The Assessment & Resource Center also provides ChildFirst training in forensic interviewing techniques for law enforcement and child protection professionals, in partnership with the Children's Law Center of the University of South Carolina School of Law.

The Center, which is a program under DMH's Columbia Area Mental Health Center, serves approximately 700 children each year.

The Assessment & Resource Center provides:

- Forensic interviews and medical exams
- Court preparation for children
- Expert testimony in Family and Criminal Court
- Victim advocacy
- Focused therapeutic and educational interventions



The Assessment & Resource Center, cont.

Outcomes

- In calendar year 2014, The Assessment & Resource Center provided 396 forensic interviews and 388 medical examinations to children, of whom:
 - 388 were suspected of having been sexually abused
 - 240 were suspected of having been physically abused
 - 180 were suspected of having been abused by neglect, drug endangerment, domestic violence or having witnessed a violent crime.
- During this period, The Center provided best-practice interventions to more than 50 children and families, including court preparation, parent-child interaction therapy, clarification therapy, and reunification therapy.
- 10-15 cases are reviewed every three weeks at meetings of the Richland County Multi-disciplinary Child Abuse Investigation Team.



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Statewide Training: *ChildFirst South Carolina*

- This training is a 5-day, multi-disciplinary child abuse course.
- From its inception in 2001 to May 2015, *ChildFirst South Carolina* has trained:
 - 310 Law Enforcement Officers
 - 292 Child Protective Service case workers
 - 290 Children's Advocacy Center interviewers
 - 44 prosecutors
 - The Center also provides ongoing training to medical residents, child life students, and nursing students.

Blue Ribbon Programs: Child & Family Services

Children, Adolescents and their Families (CAF) Services

CAF Services develops and aspires to implement a seamless statewide system of caring for the children, adolescents and families of South Carolina including ensuring the use of best practices when appropriate and possible.

Best Practice programs includes: Multi-Systemic Therapy (MST), School-based Services, Trauma-Focused Cognitive Behavioral Therapy and Parent-Child Interaction Therapy (PCIT).

The CAF Division assumes a leadership role and provides staff support to the Joint Council on Children and Adolescents, providing a “No Wrong Door” collaborative to increase access to services and supports for families living with mental health, substance abuse and co-occurring concerns, as well as through the Palmetto Coordinated System of Care.

The CAF Division serves as the central hub of communication for local CAF directors, providing consultation services, technical assistance, and serves as a monthly forum for the discussion and problem solving of issues relative to Children's Services.

Blue Ribbon Programs: Parent-Child Interaction Therapy

- Parent-Child Interaction Therapy (PCIT) is an empirically supported treatment for young children (ages 2 to 7) with emotional and behavioral problems.
- Emphasis is on improving the parent-child relationship and changing parent-child interaction patterns.
- PCIT draws on attachment and social learning theories, and treatment can last from 14 to 20 weeks.
- This treatment model is divided into 2 phases:
 - Child Directed Interventions (CDI) - promotes secure attachment as it restructures the parent-child relationship.
 - Parent Directed Interventions (PDI) - parents learn to use effective and consistent contingency strategies to manage their child's behavior.
- In PCIT, the therapist coaches the parent in real time and in specific skills as the parent engages in interaction with his or her child.

Parent-Child Interaction Therapy, cont.

PCIT at DMH:

- The Charleston Dorchester MHC has 2 rostered PCIT therapists.
- A Duke Endowment grant the Center participated in has provided it with the capability to train PCIT therapists in-house.
- The Duke Evidence-based Practice Implementation Center (EPIC) selected 4 clinicians and one senior leader from Beckman Center for Mental Health Services (BCMHS) to participate in the Center for Child and Family Health PCIT of the Carolinas Learning Collaborative to provide PCIT in its Greenwood Clinic.
- In 2015, BCMHS's program expanded to include the development of two additional sites as well as the training of 5 additional clinicians and one additional senior leader from the Center. Duke has trained one staff member to be an in-house trainer, who will training two additional BCMHS staffers in 2016.
- In addition, training was provided to two clinicians and a senior leader each from the Greenville and Lexington County Mental Health Centers.

Blue Ribbon Programs: Clinical Care Coordination

- In 2012, DMH began planning to create a new branch of service called Care Coordination, a patient-centered, assessment-based, multidisciplinary approach for individuals with high-risk, multiple, chronic, and complex conditions.
- In January of 2013, DMH launched the Office of Clinical Care Coordination with 19 internally transferred staff, with the goal of improving outcomes for patients and reducing healthcare costs.
- Provision of Care Coordination services results in:
 - Decreased re-hospitalizations and emergency room visits
 - Increased utilization of primary care physicians
 - Increased detection and treatment of Depression
- Because of its proven effectiveness, Care Coordination is now a **required service** for any provider that wishes to contract with Medicaid. Medicare and other major insurance companies are following suit.
- Care Coordinators (CCs) offer patients assistance with accessing various community resources that will support their recovery.
- Key features of the service include in-home visits and reporting and monitoring of patients' progress in collaboration with referral sources.

Clinical Care Coordination, cont.

- Each patient receives a comprehensive care assessment, which identifies any medical, dental, housing, employment, education, or other community support or advocacy service needs. The care coordinator, knowledgeable about the local community's resources, links the patient to those resources and then monitors until successful completion.
- Outcomes:
 - In FY 2015, 8,842 individual patients received services.
 - As of December 2015, the Office of Clinical Care Coordination comprised 46 Care Coordinators (CCs), 4 supervisors and 1 director.
 - There is at least one CC in each of DMH's 17 community mental health centers. All DMH satellite locations have access to Care Coordination services.
 - 33 Clinical Care Coordination staff members have received national certification by the University of Massachusetts School of Medicine/Primary & Behavioral Health Integration Center.
- The Office of Clinical Care Coordination has established several initiatives with the SC Department of Health and Human Services, and other partners including a pilot project with a Medicaid Managed Care Organization, and is working diligently to implement CCC services as patients transition to the community from hospitals and Corrections facilities.

Blue Ribbon Programs: Deaf Services

DMH's Deaf Services provides a continuum of outpatient and inpatient behavioral health services to persons who are Deaf and Hard of Hearing. The program uses innovative technological and human service program initiatives to ensure that all services are delivered in a cost-effective and timely manner throughout the state.

Components include:

- Outpatient services for children, families and adults, using itinerant counselors who are part of regional teams located across the state.
- School-based services in collaboration with the South Carolina School for the Deaf and the Blind.
- Residential services in supported apartments at locations across the state.
- Use of telemedicine and videotext to provide accessible services to rural areas.
- Inpatient services at Patrick B. Harris Hospital and William S. Hall Psychiatric Institute.



Blue Ribbon Programs: Peer Support

In 2004, SC became the second state to negotiate a reimbursable Peer Support Service (PSS) with the Department of Health and Human Services.

The Certified Peer Support Specialist (CPSS) uses his or her own experiences with mental illness to help others acquire, develop, and/or expand their rehabilitation skills in order to move forward in recovery.

Since the service was authorized, a self-report service evaluation has been required to evaluate the effectiveness of PSS.

A recent Peer Support program evaluation, reviewing service patterns, usage, inpatient admission, and length of stay was conducted to determine whether and how PSS has impacted patients receiving the Service at DMH, and to compare the results with those of patients who had not done so.

The study found that patients who receive 50+ hours of peer support a year have a significant reduction in the need for inpatient care and/or crisis services and drastically decreased frequency to need to see a psychiatrist, nurse, or mental health professional.

Blue Ribbon Programs: Housing & Homeless Services



Leaphart Place Apartments, Lexington County - A Youth in Transition Program

- The DMH Housing & Homeless Program has funded the development of more than 1,600 housing units across the state for persons with mental illnesses.
- HUD Shelter Plus Care programs are located in 14 counties, and provide rental assistance to more than 350 patients and their family members who were formerly homeless.

Housing & Homeless Services, cont.

- The Health and Human Services Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program provides funding for targeted outreach and clinical services to persons with serious mental illnesses and co-occurring disorders who are homeless.
- Programs are currently located in the Columbia, Greenville, Spartanburg, Myrtle Beach, and Charleston areas. PATH staff provided outreach and clinical services to almost 3,000 individuals who were homeless last year.
- DMH is the lead agency for the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative.
- SOAR, a SAMHSA best practice, is a partnership with the Social Security Administration and South Carolina Disability Determination Services that increases access to Social Security disability benefits for people with serious mental illnesses who are homeless or at risk of homelessness.
- To date, the approval rate for initial SOAR applications is 60%, and the average decision time last year was 123 days.

Housing & Homeless Services, cont.

CABHI-SC

- In 2015, DMH received a grant of \$1.8 million per year for three years from the Substance Abuse and Mental Health Services Administration (SAMHSA), funding a new initiative, the Cooperative Agreement to Benefit Homeless Individuals for SC (CABHI-SC).
- CABHI's target population is individuals who are chronically homeless and have serious mental illnesses or co-occurring disorders, including veterans.
- The initiative includes several primary partners: the SC Coalition for the Homeless, Palmetto Health, and DMH's Greenville MHC, and intends to serve 109 individuals over the three-year grant period.
- Treatment sites will be located in Columbia and Greenville, and each will provide intensive services using the Assertive Community Treatment (ACT) modality.
- Other Evidence-based Practices to be implemented include Individual Placement and Support (IPS) and SOAR.

Blue Ribbon Programs:

Individual Placement & Supported Employment Program (IPS)

- This supported employment evidence-based program, located in nine DMH mental health center sites, partners with local Vocational Rehabilitation departments to provide opportunities for people with serious mental illnesses to obtain gainful employment in the community.
- In fiscal year 2015, the supported employment programs achieved a 55% average competitive employment rate for people with severe mental illness. During this period, IPS had a total of 337 new enrollees in its programs and 252 new job placements.
- Nationally, among the 22 states participating in the IPS Dartmouth/Johnson & Johnson studies, South Carolina was ranked third in the highest average employment rate.
- In 2008, Johnson & Johnson, Inc. awarded Charleston-Dorchester Mental Health Center (CDMHC) with the National IPS Program of the Year. CDMHC was selected for having the best supported employment outcomes (68% employment). The Center was chosen from a field of 14 other states. CDMHC also received a \$10,000 check for First Place and an award at the Johnson & Johnson Employment Conference.
- In 2014, Johnson & Johnson-Dartmouth selected DMH's Greenville Mental Health Center and its Vocational Rehabilitation partner to receive the Johnson & Johnson-Dartmouth Achievement Award. The Center was chosen from a field of 22 other states, and along with its partner, was presented with the award at the organization's annual awards ceremony in Lexington, Kentucky.

IPS, cont.

IPS: Return on Investment

- The average person employed through IPS programs earned an additional \$533 per month;
- The average annual change in the income of a person employed through the IPS program is \$6,391;
- A substantial decrease in hospital admissions and bed days utilization on the patients served one-year before receiving IPS services and one-year after receiving IPS services. At an average of nearly \$400 per day, this program has potentially saved approximately \$940,800 in inpatient hospital costs for that group of patients; and
- For every \$1.00 invested in the program, patients earn \$5.26.

Blue Ribbon Programs: ACT-like Programs

- Assertive Community Treatment (ACT) is based on long-standing research demonstrating that it is a highly effective, evidenced-based program in re-integrating people with severe mental illness into their communities.
- In South Carolina, specific modifications to the original ACT model were made based on a statewide research project. This project was designed to determine which of the original ACT components are critical for effectiveness and which can be altered to fit local needs while still producing positive outcomes. Based on the research, essential components of ACT were identified and a modified fidelity scale was developed to include these elements. In addition, an outcomes data collection protocol was implemented. Modifications to the original model were evident not only in South Carolina, but 32 other states.
- In FY 2013, nine DMH community mental health centers were implementing an ACT-like program.
- DMH has presented ACT-Like outcomes in two national ACT conferences in Chicago (2010) and New York (2011).
- The outcome data supports the goal of the delivery of effective programming and generation of positive outcomes with a modified version of the ACT evidence-based practice.
- Emergency room visits, hospital admissions, and hospital days (both within the DMH system and private hospitals) are the most notable positively impacted areas.

ACT-like Programs, cont.

Performance Area	Measure	Program Outcome
SCDMH Hospital Admissions	Administrative Data (Client Information System)	The number of hospital admissions was reduced by 31.2% from the period one year prior to the ACT admission to the period one year after ACT admission. The number of clients hospitalized was reduced by 19.4%
SCDMH Hospital Days	Administrative Data (Client Information System)	The number of hospital days was reduced by nearly 67.6% from those in the year prior to ACT admission to those in the year after ACT admission. The number of clients hospitalized was reduced by 8.3%
Private Hospital Admissions	Hospital Data match through the South Carolina Healthcare Data Warehouse	The number of hospital admissions was reduced by 45% from those in the year prior to ACT admission to those in the year after ACT admission. The number of clients hospitalized was reduced by 45.1%
Emergency Room Usage	Hospital Data match through the South Carolina Healthcare Data Warehouse	The number of emergency room visits was reduced by 30.1% and the number of clients making those visits was reduced by 37%.
Client Functioning	GAF Scores collected from Survey (ACT Program Outcome Measure) and Administrative Data (Client Information System)	Global Assessment of Functioning (GAF) scores from baseline to six month follow up for 149 clients show a small difference in mean scores (52.89 to 55.28) but it is statistically significant difference using a paired samples t test ($t = 2.888$, $p = .004$)

Blue Ribbon Programs: Project BEST

Bringing Evidence Supported Treatment (BEST) to South Carolina Children and Families

- Project BEST, under the auspices of the Medical University of South Carolina (MUSC), is a statewide, collaborative effort that uses innovative community-based dissemination, training, and implementation methods to dramatically increase the capacity of every community in South Carolina to deliver evidence-supported mental health treatments to children who have experienced trauma and/or abuse.
- The SC Trauma Practice Initiative (SCTPI), a partnership including DMH, the Project BEST/MUSC National Crime Victims Center, The Duke Endowment, SC Department of Social Services, and Dee Norton Lowcountry Children's Center, uses pooled state, federal, and foundation funds to facilitate "rostering" of approximately 300 DMH child clinicians statewide in Trauma-focused Cognitive Behavioral Therapy (TF-CBT).
- This accelerated workforce development effort began in December 2013 and will be completed in February 2016. Future phases of Project BEST training will focus on sustainability and fidelity monitoring/adherence.

Project BEST, cont.

- Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is an evidenced-based treatment model endorsed by the SAMSHA National Registry of Evidenced-based Programs and Practice as the most effective treatment model for children ages 3-17 years old who have experienced a wide range of traumatic experiences and related emotional and behavioral problems.
- TF-CBT is a time-limited treatment intervention, supported by more than a dozen empirical studies demonstrating its clinical effectiveness in treating children who have experienced trauma. TF-CBT enables the clinician to more prescriptively target and treat trauma-related mental health symptoms.
- TF-CBT is administered by highly-trained clinicians who have completed a rigorous,9-month training curriculum under certified MUSC/Project BEST faculty trainers to ensure clinical skill mastery.
- Clinicians are “rostered,” having met fidelity standards to effectively deliver the TF-CBT intervention, and placed in the Project BEST database, which provides the state with a resource for accessing therapists qualified to deliver TF-CBT based upon nationally-accepted training standards established by the founders of the intervention.
- Training focuses on skill development through on-site, face-to-face instruction by Project BEST faculty, supplemented by delivery of TF-CBT services and monthly clinical consultation calls and collection of metrics to ensure skill mastery and treatment effectiveness.

Project BEST, cont.

Outcomes

- The SC Trauma Practice Initiative has had widespread impact on the state's mental health and child welfare service delivery systems. It involves approximately 624 multiagency staff statewide.
- Through the SCTPI's community-based learning communities, the local DMH and DSS leadership teams, along with other community partners, continue to work together to improve service delivery arrangements and care protocols for children who have experienced trauma and abuse.
- The exponential growth in the number of DMH clinicians rostered in TF-CBT clinicians is directly attributable to the SCTPI initiative, which currently accounts for 83% (n=186) of the Agency's rostered clinicians, with more expected to become rostered by the completion of the Initiative in February 2016.
- The magnitude of the SCTPI initiative is unprecedented for both DMH and Project BEST in terms of the huge number of clinicians trained and its comprehensive reach, ensuring that credentialed TF-CBT therapists are available to children in every community within the state.
- As of January 2016, DMH therapists comprise 53% (n=223) of the total Project BEST-rostered TF-CBT clinical workforce (n=420) statewide.
- DMH staff continue to lead the state in modeling exemplary service delivery and clinical practice related to TF-CBT Services, having received the following Project BEST Awards:
 - **2015 The BEST of Project Best Award**
 - **2015 Project BEST Champion Award**
 - **2014 The BEST of Project Best Award**

Blue Ribbon Programs: Trauma Initiative

The Substance Abuse Mental Health Services Administration (SAMHSA) reports that trauma is a widespread, harmful, and costly public health problem, which occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation.. The need to provide trauma informed care is increasingly viewed as an important component of effective behavioral health service delivery.

The DMH Trauma Initiative oversees the development and implementation of a statewide, patient-focused trauma initiative to foster the development of policies, procedures, and practices which ensure that:

- Patients with histories of trauma receive state-of-the-art assessment and treatment; and
- Practices in DMH centers and facilities do not create, nor recreate, traumatizing events for patients.

Trauma Initiative, cont.

2015 Trainings

- Intensive, hands-on Trauma-focused Cognitive Behavioral Therapy (CBT) training for Adult Services (a three day training): 32 DMH staff trained.
- Intensive, hands-on Trauma-focused CBT training for Children, Adolescent and Family Services (a three day training): 29 DMH staff trained.
- Trauma Informed Care trainings were provided via video conference and in person to 120 DMH staff.
- Feedback from these trainings is being used to develop an online training for all DMH staff.

Trauma Initiative, cont.

Trauma Informed Care Training

- A Trauma Informed Workgroup was established in 2012 by the SC Joint Council on Children and Adolescents Workforce Committee. Its goal was to develop training to ensure all child and adolescent clinical care providers are Trauma Informed.
- The Workgroup identified existing trauma-dedicated employees at two state agencies, DMH and the SC Department of Juvenile Justice (DJJ).
- Core competencies were Identified, including input from 12 child-serving agencies and organizations and were later endorsed by the Joint Council on Children and Adolescents.
- DMH and DJJ provided trainers, travel, equipment, and learning materials, and held Trauma Informed Care trainings from August of 2013 to December of 2015.
- More than 1,700 professionals from child serving agencies, childcare programs, law enforcement, hospitals/medical practices, family court systems, volunteer groups, and mentor programs have completed the training.

Blue Ribbon Programs: Dialectical Behavior Therapy

- Dialectical Behavior Therapy (DBT) is a cognitive behavioral treatment, originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder and is now recognized as the gold standard psychological treatment for this population. In addition, research has shown that it is effective in treating a wide range of other disorders, such as substance dependence, depression, post-traumatic stress disorder, and eating disorders.
- A one year program, DBT works with highly symptomatic patients, most of whom have an affective disorder as well as borderline personality disorder.
- DBT is a highly structured therapy that offers individual and group therapy, crisis phone consultation and consultation team for therapists. Skills training is a key component.

Blue Ribbon Programs: Dialectical Behavior Therapy

- In 1993, Columbia Area MHC (CAMHC) implemented the first DBT site in the state of South Carolina. It has been in operation for more than 22 years, remaining one of the only DBT programs in the state maintaining fidelity to the model.
-
- CAMHC's DBT program has been endorsed by the American Foundation for Suicide Prevention-SC Chapter and NAMI-SC for their work in the treatment and prevention of suicide.
- Currently, 10 DMH community mental health centers offer DBT or a DBT-like program.
- Patrick B. Harris Hospital offers an adapted skills training group on all four of its lodges.
- Bryan Psychiatric Hospital is currently piloting an adapted skills training group in its Forensic and Adult Services lodges.

Blue Ribbon Programs: Towards Local Care (TLC)

- Toward Local Care began in 1989, to:
 - Assist patients in transitioning from inpatient institutions into the community;
 - Help patients remain in their communities and avoid re-hospitalization;
 - Facilitate downsizing of the Agency's long-term psychiatric facilities, and
 - Reduce acute care psychiatric admissions.
- Every DMH community mental health center has a TLC program, with capacity ranges from 10-149. Program types include community care residence, Homeshare, supported apartments, rental assistance, and level of service.
- Since 1991, the process has been replicated 14 times and created 1,093 treatment and residential options for inpatient and high recidivist patients.
- As of July 2015, 3,972 patients have received TLC services.
- TLC programs continue to assist with transitioning patients from DMH inpatient facilities while also assisting local emergency departments, and assists community patients by providing residential and treatment environments to maintain community tenure.

Blue Ribbon Programs: Jail Diversion/Forensic Services

- The National Alliance on Mental Illness' Crisis Intervention Training (CIT) program helps to provide training and consultation to law enforcement regarding de-escalation of encounters with persons in psychiatric and/or emotional crises.
 - In fiscal year 2015, the CIT goal was to train 1,244 law enforcement officers.
 - In fiscal year 2015, 2,615 law enforcement officers in SC received CIT.
- Annual trainings promote opportunities for interagency cross-training and networking between criminal justice and behavioral health agencies.
- DMH Jail Diversion/Forensic Services provides consultation and promotes alliances and partnerships in local jurisdictions for coordination of services for offenders with mental illness.
- All 17 DMH community mental health centers and their clinics provide mental health services to jails, with services in 38 of the 46 counties in South Carolina.
- Mental health services in jails/detention facilities include:
 - Assessment and screening for inpatient admission
 - Medication monitoring
 - Referral, as needed, for offenders with mental illnesses to other community services and supports to prevent re-offending and involvement with Law Enforcement

Blue Ribbon Programs: Jail Diversion/Forensic Services, cont.

- Mental Health Court – SC has three mental health courts, in Charleston, Richland, and Greenville counties.
- Mental health courts have single dockets, which specifically address issues of persons with mental illnesses who become involved with Law Enforcement and the criminal justice system. The Probate Court serves as the lead agency, in partnership with DMH's community mental health centers and other stakeholders from the Public Defender's Office, the Solicitor's Office, DAODAS, and SC Probation, Parole and Pardon Services.
- Mental Health Courts are funded by county governments and DMH's community mental health centers.
- Services offered include:
 - Crisis management
 - Case management
 - Individual, family, and group counseling
 - Groups, in the areas of Criminal Thinking, Substance Abuse, and Anger Management

“Outside of the Box”

Patient Support
Compliance & Improvement
Community Education



John H. Magill
State Director of Mental Health

Patient Support: Community Placement

Having a stable and affordable place to live is one of the foundations of recovery!

Recognizing this, DMH sponsors or supports a variety of living arrangements for patients transitioning out of psychiatric hospital settings or receiving mental health services from one of its 17 community mental health centers.

■ DMH community residential options include

- the “Blue Ribbon” **Housing & Homeless Program**, which has funded the development of more than 1,600 housing units across the state for persons with mental illnesses.
- the “Blue Ribbon” **TLC Program**, which includes community care residences, Homeshare, supported apartments, rental assistance, and supportive services.
- **Community Residential Care Facilities (CRCFs)**, DHEC-licensed facilities that offer room, board and a degree of personal care for two or more people. DMH provides outpatient mental health services to 1,276 (8%) residents who live in CRCFs in South Carolina.

Patient Support: Volunteer Program

- DMH encourages volunteer involvement and the development of community resources to enhance the state's mental health care programs and to build closer ties with the community.
- All DMH Mental Health Centers and Hospitals have volunteer programs, coordinated by staff called Community Resource Developers.
- Volunteers:
 - Are an integral part of DMH's programs
 - Enhance care and build closer ties between the community and the mental health system
 - Provide extra support to patients and their families
 - Help dispel stigma and misconceptions that often surround mental illness

Patient Support: Patient Advocacy

- DMH's Client Advocacy Program is designed to:
 - prevent patient rights violations and advocate for the provision of quality of care in a humane environment.
 - review, investigate and resolve patient rights complaints or issues.
 - monitor the number and types of complaints to identify systemic areas of concern.

- All DMH inpatient and outpatient facilities have an assigned advocate.

- Advocates:
 - inform patients about their rights, help them speak for themselves, or speak on their behalf.
 - assist patients with questions and complaints about rights and services.
 - bring issues to Agency officials for resolution.

- If a patient or a family member has a question or concern regarding rights, an assigned advocate will interview the patient, staff, and others, as necessary. The advocate will then review records, documents, or policies and attempt to negotiate a satisfactory result on behalf of the patient.

Patient Support: Client Advisory Boards

Client Advisory Boards (CABs) exist to provide mechanisms for positive collaboration and communication, and to empower patients at all Departmental levels.

They provide unique and independent opportunities for input and involvement in the areas of planning, policy-making, program evaluation, and service provision.

Most states have a statewide or regional CAB, but South Carolina's DMH is among just a few state systems that have mandated the establishment of CABs at each center and hospital.

Along with local CACs, CAB members comprise the Statewide Client Advisory Board, which meets every other month.

Compliance & Improvement: Compliance

- DMH voluntarily implemented its Compliance Program in 1999, using the guidance of the Office of the Inspector General (OIG) of the US Department of Health and Human Services. The purpose of this program is to develop and implement internal controls that promote adherence to applicable federal and state laws and identify and address areas of risk.
- The Compliance Plan addresses all aspects of the Department's operations to, including its governance and leadership, inpatient and outpatient services, finance, reimbursement and patient's resources, human resources, privacy and security, Medicaid and Medicare, information technology and legal.
- The Compliance process includes audits of all facilities to ensure conformance with the DMH Compliance Plan, which is available on the DMH Intranet so all staff may review and be informed of the expectations of the Agency. All staff are required to take training on Compliance at the beginning of employment and annually thereafter.
- All facilities and Centers have a Compliance Officer and Compliance Committee chaired by their Compliance Officer and all Compliance activities are coordinated through the DMH Compliance Officer.

Compliance, cont.

- DMH's Compliance Committee provides oversight to Compliance activities in the various components of DMH and is chaired by the State Director and co-chaired by the DMH Compliance Officer. The Committee includes the deputy directors of Administration, Community Services, Medical Affairs, and Inpatient Services, and the directors of Finance, Reimbursement, General Counsel, and Human Resources.
- The DMH Compliance Officer is responsible with keeping the SC Mental Health Commission abreast of the performance of the different components of DMH, through periodic reports or on an as-needed basis.
- In addition to the annual review of facilities' performance according to the Compliance Plan, the 17 CMHCs are audited to ensure compliance with state and federal regulations and third party payers.
- This process is carried out by the DMH Office of Quality Management and requires each Center to submit a Corrective Action Plan to address areas needing improvement. As needed, training is provided to ensure staff understand standards and to promote conformance.
- DMH Centers conduct quarterly audits as part of a self-review process. Center Quality Assurance Coordinators are responsible for conducting these audits. These activities include the review of medical records, desk audits, focused audits as needed, and review of specific performance indicators such as access, effectiveness and appropriateness of care and conformance to third party payers and accreditation requirements.

Compliance & Improvement: QMAC

DMH's Quality Management Advisory Committee (QMAC) includes:

■ Compliance

- Promotes and monitors DMH adherence to state and federal laws and regulations, as well as to requirements of third party payors for the delivery and billing of quality services.

■ Quality Assurance:

- establishes methods and procedures to ensure that services provided are of the highest quality.
- Systematically monitors performance against established standards for practice and implements actions for improvements as needed to ensure that service delivery is appropriate and meets the needs of patients.
- Audits DMH community mental health centers, inpatient facilities and Reimbursement Division for compliance, primarily with billing rules and standards.

■ QMAC's primary focus is understanding reimbursement issues for DMH services, and:

- ensuring the Agency's clinical programs meet the current requirements.
- remaining alert about the ever changing reimbursement standards for providers of clinical services.

■ Over time, QMAC began to broaden its focus and now routinely identifies opportunities for improvement in the delivery of services.

Compliance & Improvement: Internal Audit

- DMH's Office of Internal Audit serves as an independent function to examine and evaluate Agency activities as a service to the South Carolina Mental Health Commission and the DMH State Director.
- Its overall objectives are to:
 - Evaluate internal controls and safeguard Agency assets.
 - Test for compliance with State, Federal, and Agency requirements.
 - Identify opportunities for revenue enhancement, cost savings, and overall operational improvements.
 - Coordinate audit effects (when requested) with the SC Office of Inspector General, State Auditor's Office, Legislative Audit Counsel, and other external auditors.
 - Deter and identify theft, fraud, waste and abuse.
 - Protect the assets of the State of South Carolina.
- As a result, the Office of Internal Audit provides analyses, recommendations, counsel, and information about activities or processes reviewed, usually in the form of an audit report.

Compliance & Improvement: Multi-Cultural Council

The Department considers cultural competence part of its mission, believing that cultural competency is driven by leadership, and should be staff and patient-oriented. DMH understands that services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.

The Department believes that Multiculturalism should be embedded in all organizational units and that continuous efforts must be made to recruit, retain and develop a culturally diverse workforce.

The DMH Multicultural Council is charged with the responsibility of advising and guiding Agency leadership in the creation and maintenance of a linguistically and culturally competent workforce, service divisions, programs, and collaborative endeavors, reflective of the diversity of the population served and local communities.

Community Education: The Art of Recovery



The Art of Recovery showcases the talents of those receiving services from DMH and the role that art can play in the recovery process, and gives individuals living with mental illnesses the opportunity to exhibit and sell their works of art.

Pieces are submitted from across South Carolina by participants who use a variety of artistic media, not only as a means of empowerment, but also as a tool to educate the public about, and dispel the stigma associated with, mental illness.

DMH staff volunteers mat, frame, hang, transport, and display pieces in venues throughout the state. Works rotate on a frequent basis.

Pieces from The Art of Recovery have traveled across South Carolina, featured in public galleries, community centers, and conferences across the state. The program has been an official exhibitor at the Internationally known Piccolo-Spoleto Festival since 2013.

A widely acclaimed program, The Art of Recovery received the 2006 Elizabeth O'Neill Verner Governor's Award for the Arts, the highest Arts honor in South Carolina. It has received grant funding from Blue Cross Blue Shield of South Carolina and serves as a model for other mental health groups in the U.S.



Top: *Distance Sails*, Jeffrey Miller; Bottom: *Bluebird*, Allen Purvis

Community Education: Speakers' Bureau

- The DMH Speakers Bureau comprises Agency professionals who speak on mental health issues, at no cost, to groups and organizations throughout the state. The purpose of the service is to raise awareness of mental health issues and enhance community education related to services and programs available through the DMH.

Speakers available through this Bureau represent a number of areas of professional expertise. Topics Include:

- Children's Mental Health Issues
 - Client/Patient Advocacy and Rights
 - Homelessness and Mental Illness
 - Substance Abuse and Treatment
 - The Art of Recovery Program
 - The Telepsychiatry Consultation Program
 - Disaster Preparedness and Mental Health
 - Other topics, upon request
-
- Civic clubs, community groups, schools, and other organizations are encouraged to contact the DMH Office of Public Affairs to schedule speakers.

Community Education: State Director Outreach Program

Civic Clubs and Media

- During FYs 13, 14, and 15 DMH State Director John H. Magill addressed 42 civic organizations. These meetings were attended by more than 2,250 civic club members.
- Magill has addressed Rotary Clubs in Orangeburg, Florence, Murrell's Inlet, Goose Creek, Spartanburg, Beaufort, Bluffton, Sumter, Greenwood, Clemson, Easley, Hilton Head Island, Anderson, Camden, Myrtle Beach, Cheraw, Bennettsville, Aiken, Lancaster, Columbia, Simpsonville, Union, Chester, Walhalla, Mauldin, Surfside, Pawley's Island, Moncks Corner, Walterboro, and Greenville.
- He also presented to the Rock Hill Kiwanis Club, the Greenwood Lions Club, and the Charleston Exchange Club.

State Director Outreach Program, cont.

Civic Clubs and Media, cont.

- As part of this initiative, Magill and DMH center directors met with editors, publishers, and/or reporters representing 10 SC newspapers, and along with Orangeburg Area MHC Director Willie Priester, gave a television interview to *New Perspectives*, a Public Access production.
- Magill also met with administrators of 20 hospitals, 11 state legislators, the leadership of five Alcohol and Drug Treatment facilities, and community leaders from seven organizations with ties to mental health care.

Profile Updates

- In 2011, DMH created 25 documents to spotlight the services and staff at each of the Agency's treatment facilities: 17 community mental health centers, four hospitals, and four nursing homes. These profiles are updated annually.
- To view these profiles, as well as profiles of DMH Commissioners, and SC Mental Health Advocates, visit: <http://www.state.sc.us/dmh/profiles/profiles.html>

Planning for the Future



John H. Magill

State Director of Mental Health

Planning for the Future: Staff Training

■ Computerized Online Learning Modules (CLMs)

- Provide training to staff to meet regulatory/accrediting standards while minimizing travel to and from Columbia.
- Currently DMH has 176 modules online.
- Tailored curricula have been developed for staff who provide care to meet the special needs of our patients.
- The estimated resulting cost-savings (in man-hours) is approximately \$5 million annually.
- There are also curricula online for public safety staff, administrative staff, certified nursing assistants, mental health specialists, and staff who work with patients with alcohol and other drug problems.

■ Other Online Resources for Staff

- Free or low cost Continuing Education Credit are offered, via Distance Learning.
- Staff are sent updated offerings monthly.
- Staff are able to take the continuing education offerings online as time permits, at home or at work.

Staff Training, cont.

DMH's clinical staff of physicians, nurses, social workers, and psychologists provides diagnostic and therapeutic services upon which its patients and their families depend. The skills of the clinical staff enhance patient care throughout this unified system of care.

DMH understands that the single-most important service the Agency provides is compassionate care that respects patients' dignity and individuality. Clinical staff serve in a variety of inpatient and outpatient care areas throughout our state, affording them the opportunity to use their full range of skills.

DMH understands that collaboration is invaluable in providing the best possible care to our patients. As such, the Agency encourages its staff to pursue and participate in research opportunities.

Staff Training: Executive Leadership Development

- In 2008, DMH implemented an Executive Leadership Development Program to groom new leadership candidates for the agency; five participants completed the course.
- In 2009, another program was conducted, with 7 professionals completed the course.
- In 2010, the Agency devised a Special Executive Leadership Development Program, the focus of which was to prepare future leaders by tapping into the corporate knowledge and expertise of 12 of the agency's current leaders. This knowledge and expertise was captured, preserved, and passed on through a manual, which was developed in-house.
- The 2011 Executive Leadership Development Program focused on the Agency's physicians as leaders in behavioral healthcare; 10 physicians completed the program.
- In 2013, DMH designed and implemented an Executive Leadership program focused on preparing future leaders at its community mental health centers. 12 DMH professionals completed the program.
- 2014's Program focused on the Agency's Division of Inpatient Services. 12 DMH professionals completed the program, which focused on preparing future leaders in this Division.
- A 2016 Executive Leadership curriculum is currently in development.

Planning for the Future: *FIN Initiative*

- The Future is Now (FIN) initiative launched in August of 2012, as a result of DMH's ongoing long-term planning efforts.
- The Future is Now (FIN), was a blueprint for the DMH community mental health centers (CMHCs) to provide timely access and effective treatment to patients. It established a timeline and the necessary steps to create a cohesively aligned system of care to survive in a changing market, driven by cost control and payment for performance.
- As a result of this initiative, data indicates:
 - Quicker access to treatment across all DMH CMHCs
 - Efficiency of operations has been enhanced in:
 - Productivity
 - Caseload Management
 - Standards and Expectations for Clinical Supervisors
 - Levels of Care
 - Provision of evidence-based Training

Planning for the Future: Telemedicine

Goals

- Increasing the availability of 24/7 mental health consultation services in hospital emergency departments (ED) in need of psychiatric consultation;
- Promoting electronic interconnectivity among EDs to further increase interdependence;
- Sharing knowledge of this innovative mental health service with a high realization of hospital and community cost savings;
- Contributing to the broad statewide application of a telemedicine Electronic Medical Record system;
- Serving as advocates for the promotion and utilization of the Palmetto State Providers Network – a statewide fiber optic system designed to network urban/rural medical facilities;
- Providing a productive focal point for other agencies to embrace, promote, and duplicate telemedicine-based services; and
- Promoting the mission/vision of the program to use as a foundation in achieving tomorrow's mental health service delivery system today.
- Expanding Center-to-Center and Center-to-Clinic Services to all DMH locations, by purchasing telepsychiatry equipment for all 17 MHCs.

Planning for the Future: Grants Administration

- The DMH Office of Grants Administration, formed in 2008, looks for funding opportunities and manages federal and non-federal grants in all aspects of grant management for the Department of Mental Health.
- Grants Administration worked with the South Carolina Enterprise Information System (SCEIS) to implement the grant module in SAP to improve grant tracking and greater fiscal accountability in both federal and non-federal grants for DMH.
- Grant status, as of December 14, 2015, is as follows:
 - 30 Total Grants \$23,198,167 total dollar value
 - 23 Federal Grants \$21,207,989 total dollar value
 - 7 Non-federal Grants \$ 1,990,178 total dollar value

Planning for the Future: Boards & RAI

Center Board Training & Resource Acquisition Initiative (RAI)

- During 2014 and 2015, State Director Magill facilitated Center board trainings at DMH community mental health centers across the State.
- Historically, DMH operations have relied on three prongs of funding: Federal, State, and County, all three of which are necessary for DMH to operate successfully. In many counties, financial support (county appropriations) has declined over the years, while DMH Centers and Clinics continue to provide outstanding quality services; and in most cases are expanding services.
- Board members are encouraged to look for opportunities to advocate for mental health services and solicit support from their local County government. During RAI training, board members are given information and tips to facilitate advocacy efforts.
- After receiving RAI training, Center boards host informational meetings for County Council members to strengthen community relationships and foster collaboration.

Awards & Recognition



John H. Magill

State Director of Mental Health

Recent Awards & Recognition

2015

- Harris Hospital is recognized as a Top Performer on Key Quality Measures for 2014 by The Joint Commission. The award recognizes accredited hospitals and critical access hospitals that attain and sustain excellence in accountability measure performance, based on an aggregation of accountability measure data reported during the previous calendar year.
- DMH's Telepsychiatry Consultation Program is recognized as a Statewide Telehealth Program of Excellence at the 4th Annual Telehealth Summit.
- The Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government of Harvard University recognizes DMH's Telepsychiatry Consultation Program as part of its 2015 Bright Ideas program, honoring government programs at the forefront in innovative action.

2014

- Stone Veterans Pavilion is ranked as one of the top nursing care facilities in South Carolina and the nation by both the Centers for Medicare and Medicaid Services and *US News and World Report*, earning the facility a 5-star rating - the highest obtainable.

Recent Awards & Recognition

2014, cont.

- Charleston Dorchester MHC receives the Connect 4 Mental Health Community Innovation Award, which recognizes organizations across the US that innovate and collaborate to address serious mental illness in their communities.
- Johnson & Johnson-Dartmouth selects Greenville MHC as recipient of the 2014 Achievement Award for its IPS program (in collaboration with vocational rehabilitation partner, the South Carolina Vocational Rehabilitation Department).

2013

The Joint Commission recognizes Patrick B. Harris Psychiatric as a Top Performer on key Quality Measures for 2012 in its *Improving America's Hospitals* annual report.

2012

DMH's Telepsychiatry Consultation Program receives the SC Office of Rural Health's Annual Award.

2011

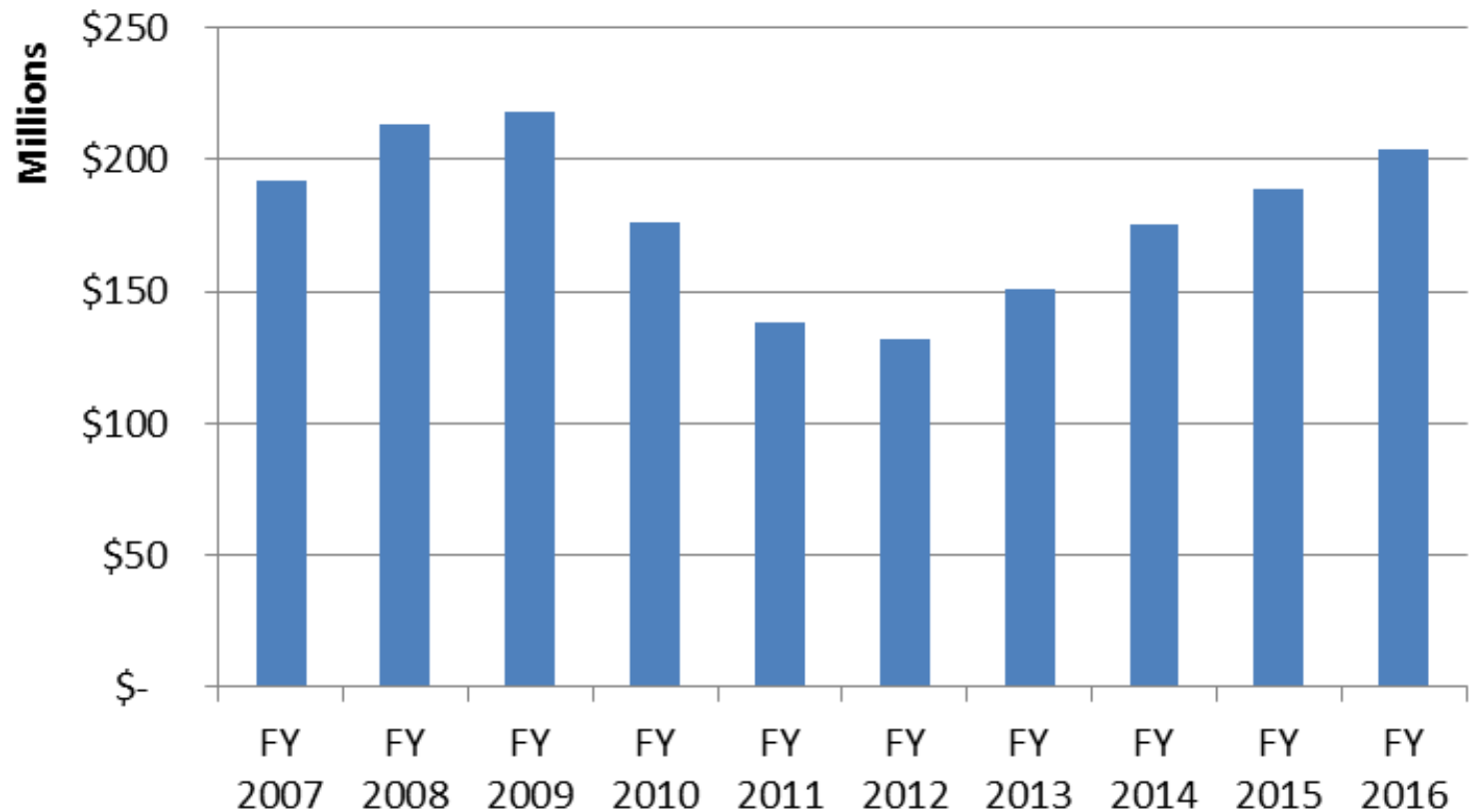
The American Psychiatric Association awards DMH and the Dept. of Neuropsychiatry and Behavioral Science of the USC School of Medicine the Psychiatric Services Achievement Award Silver Medal for the Telepsychiatry program.

Budget



Budget: History of State Funding

Recurring General State Funds



Budget: State Appropriation History

Fiscal Year	State Appropriations
FY 2007	\$ 191,793,392
FY 2008	\$ 213,724,472
FY 2009	\$ 217,892,366
FY 2010	\$ 176,001,571
FY 2011	\$ 137,889,163
FY 2012	\$ 131,596,677
FY 2013	\$ 150,669,318
FY 2014	\$ 175,310,415
FY 2015	\$ 188,913,720
FY 2016	\$ 203,582,260

Looking Forward



John H. Magill

State Director of Mental Health

Looking Forward: New Patients

As stigma decreases and awareness about the importance of mental health and treatability of mental illness increases, as we make strides in research and technology, the number of those seeking services will surely grow. Consider the following:

- The current state of the US and local economies and the associated impacts on individuals and families;
- The number of troops returning from deployment overseas; they and their families need support, often years afterward;
- More individuals are seeking treatment for addiction disorders and co-occurring disorders;
- The development of more and better diagnostic tools, e.g. co-occurring disorders;
- The passage of mental health parity bills in both South Carolina and in the US Congress;
- Increased awareness of the efficacy of mental health treatment and decrease in stigma will result in more people coming forward to receive the help they need, and
- Technological advances and improvements will impact all aspects of healthcare: e.g. telepsychiatry, the electronic medical record.

As South Carolina becomes more diverse, we must adapt our resources to serve individuals of various cultures and backgrounds. To that end, the DMH is dedicated to providing culturally competent services.

Looking Forward: The Sale of “Bull Street”

- **February, 2007** – The Supreme Court issues a declaratory judgment stating that the Bull Street property is subject to a charitable trust, and the proceeds from any sale of the property must go to DMH in trust for the care and treatment of the mentally ill.
- **December, 2010** – DMH signs a contract with Hughes Development Corporation (Hughes) of Greenville, SC to purchase the property in a phased manner over 7 years for \$15 million.
- **July, 2013** – The City of Columbia and Hughes sign a Development Agreement, confirming the re-zoning of the property to permit mixed uses – retail, residential and commercial – to be developed on the property. The Agreement also commits the City to fund substantial infrastructure improvements, such as installing water and sewer lines, as the property is developed.
- **October, 2014** – DMH deeds the first parcels of the property into private ownership, and receives the first installment (\$1.5 Million) of the \$15 Million purchase price.



Did you know?

- Since opening its first hospital in 1828, DMH has served approximately 4 Million South Carolinians in its inpatient and outpatient facilities.
 - 3 Million patients have been served in DMH outpatient community mental health centers.
 - 1 Million patients have been served in DMH inpatient facilities (hospitals and nursing homes).
- DMH is one of the largest hospital and community-based systems of care in South Carolina:
 - Each year DMH provides more than 500,000 inpatient bed days.
 - Almost half of DMH inpatient bed days are for nursing home residents.



For more information, contact:

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